State of Maryland / Department of Health and Mental Hygiene 97

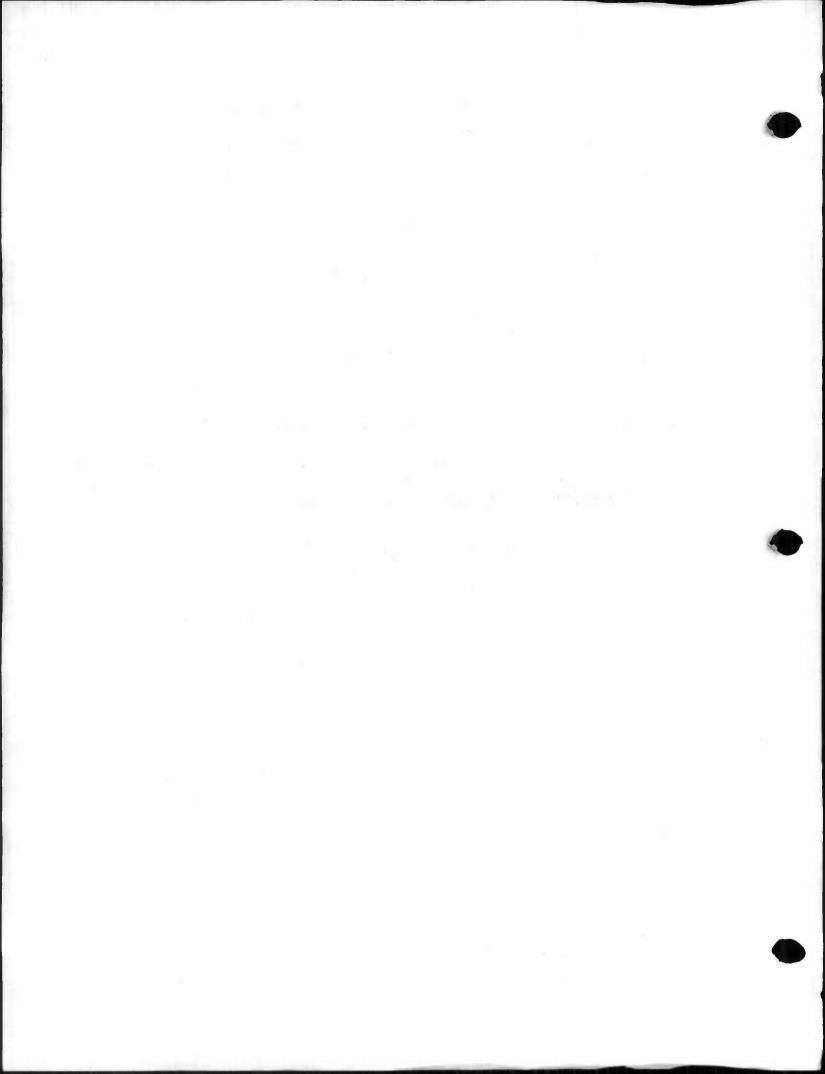
					Cert	ificate o	f Death	R	leg. No.			
		1. Decedent's Neme (First, Middle, I	.ast)					2. Dete of Dee	th		3. Time of Deeth	
Physicia /Medic		JOHN F	. GE	NSLER				JUNE JUNE	28 1	997	10 p.m.	
Examin		4e. Fecility Neme (If not institution, g					4b. City, Town, or L		4c. County		- 1	
	•	635 S. EATON	STREET				BALTI	MODE	N/A	(
Funeral				ge (In yrs. last	birthday)	If Under 1 Yea	ar If Under 24 Hrs.	8. Date of Birth (Month, Day		-	lace (State or Foreig	
Director		212-26-7194	1. XM 2□ F	67	Yrs.	Months Day	s Hours Min.	March 2	7 1930	MADV.	try)	
		Usuel Residence of Decedent						morece 2	1,1700	MINICI	LAND	
ms 23a or 28a-f show Limust be notified at		10e. State 10b. County		10c. City, T	own or Loca	ation				1	0d. Inside City Limit	
문표	tor	MD. N/A		RA	LTIMO	RF		MXYes 2□N				
1284	Director	10e. Street end Number		, or	212110	10f. Zip Code	•	1	Og. Citizen of V	Vhet Coun	itry?	
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182	Funeral	11. Maritei Stetus	12. Wes Deceden	t Ever in U.S.	13. W	es Decedent o	f Hispanic Origin? (Sr	pecify Yes or No-	U.S.A		an Indien,	
프랑	Ē	Never Married 2 Married	Armed Forces		if '	res, specify Cu	uben, Mexicen, Puerto	Rican, etc.)		k, White,		
al', or	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Dates:		1[□Yes 2DXN	lo Specify:		Specify	4 11 1 7 -	rr	
natural.		15. Decedent's			6e. Decede	nt's Usuei Occ	cupation		16b. Kind of Bu	WH I		
	Completed	(Specify only highest g	rade completed)		(Give ki	nd of work dor NOT use reti	ne during most of world	king	100: 11110 01 01			
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ither and	Ö	17. Fether's Neme (First, Middle, Las	st)		JILLL	NORKLK	18. Mother's Nem	e (First, Middle, I	lle, Maiden Sumame)			
If item 27 is marked other the or other traumatic event, the	Be	ADAM GENSLER	•				,			0)		
nark	P				01 14 11		ANNA	BRODKA				
le m		19e. Informent's Name/Reletionship					et and Number or Ru					
Item 27 other tr		ANNA MATEJSKI/MOT	HER	6	35 S.	EATON	STREET, BA					
or of		20e. Method of Disposition 1 Ď Buriel 2 ☐ Cremetion 3	□Removel from State		etery, crema	tion (Name of story or other p	olace)	Dete	20c. Location -	City or To	wn, Stete	
ury o		4 ☐ Donetion 5 ☐ Other (Spec			ROSA	RY CEME	TERY 7/2	/97	BALTIMO	RE.MA	RYLAND	
important: If any Injury or ance.	ĺ	21. Signature of Funerel Service Lic	ensee	1	12.	Neme end Add	tress of Fecility					
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aminer p	Examiner	disease or condition resulting in deeth)	b. Ter.				my	secar	-			
attanding physician end for use as the bunel-transit	cal Exa	Sequentially list conditions, if eny, leading to immediate cuse. Enter Underlying Ceuse (Disease or Injury that initiated events									ene	
O &	Medical	resulting in deeth) Lest Due to (or es e consequence of):							Chin	et	6 min	
tand or us	an		d		UCYS		- W			1.	12.00	
by the attandiretached for use	Physician	Pert II. Other significant conditions	contributing to death	but not resulting	g in the und	erlying cause	given in Pert t.	23b. Dtd to	bacco use cor	tribute to	the cause of death	
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	2	1 ☐ Yes 2 ☐ No 27. Menne of Deeth	1 L Inpat		Outpetlent	3LI DOA	4 LI Nursing H	ome 5 Meside)	
After	O	1 Naturel 5 ☐ Pending	28e. Dete of Inj (Month, D	ay Year) 281	b. Time of Injury	28c. In		28d. Describe ho	ow injury occurr	ed		
ector: Al by the fu	Certification:	2 ☐ Accident investigati				M 1	☐ Yes 2☐ No					
Director:	=	3 ☐ Sulcide 6 ☐ Could not 4 ☐ Homicide determine	d 286. Plece of in	njury - At home, tc. (Specify)	, farm, stree	t, fectory, offic	9	28f. Location (Si City or Town	treet and Numb n. State)	er or Rura	l Route Number,	
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ly fill		29a. Certifier 1 Certifying P	hysician: To the best	of my knowled	ige, death o	ccurred et the	time, date end plece,	end due to the ca	ause(s) end me	nner es st	ated.	
olata	edical	one) 2 Medical Exa	miner: On the basis of and pranner s	of examination tated.	end/or inve	stigetion, In my	opinion, death occur	red et the time, d	ete end piece, e	and due to	the ceuse(s)	
To the Funeral Dir	Σ	29b. Signatury and title of certiflet	1/.			29c. Lice	nse number	2	9d. Date signey	(Month, I	Day, Year)	
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ĺ	1	30. Name and address of person who	1 will	1	~cf	2-11	10 700		1/1	17		
0	J.	110 and address of person who	I TA DO	Representation 23	a) (Type, Pr	int)	VAIT "	1001	77-			
		31 Date filed (Month Day Vand)	A COIP-	o CO	NV	0 1	18416 AUT. A	11	9			
	-	ALLERIA INAC (MOOTH Day Year)	32 Regiet	rer's Signature								

Registrar

JUL 0 2 1997

July Sandson-Randall

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Daath 3. Tima of Death Month 2:3 50 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, give streat and number) Part all Stown orpixa, 5. Social Sacurity Number CI4000 8. Date of Birth (Month, Day, Year)

June 23, 1917 If Undar 1 Year Birthplaca (State or Foreign Country) 7. Aga (Infyrs. last birthday) 1 DM 2 □ F Months Days 177-18-8917 Yrs. 80 Pennsylvania Usual Rasidence of Dacedant 10h County 10c, City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2 No Baltimore Owings Mills 10e, Street and Number 10f. Zip Coda 10g. Citizan of What Country? 12511 Greenspring Ave. 21117 U.S.A. 12. Was Dacedent Ever in U.S.
Armed Forcas?
1 □ Vas 2 □ No
If Yas, Giva
Yaar or Datas: 11. Marital Status Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Rece - American Indian, Black, Whita, atc. 1 Nevar Married 2 Marriad 1 ☐ Yas 2 No Specify: Specify: White 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Spacify only highast grada complated) 16a. Dacedent's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elamantery/Secondary (0-12) Collega (1-4or 5+) Guidence Counsler 12 Vocational School 17. Fathar's Name (First, Middla, Last) 18. Mothar's Name (First, Middla, Maidan Surname) Abraham John Garrettson Pearl Leona Tharp 19a. Informant's Name/Ratationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Steta, Zip Coda) Victoria L. Garrettson 12511 Greenspring Ave., Owings Mills, Md. 21117 20b. Placa of Disposition (Nama of cematery, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Bunal 2 Cramation 3 Removel from State Hampstead Cemetery July 3,1997 4 ☐ Donation 5 ☐ Othar (Specify) Hampstead, Md. 21. Signature of 22. Name and Addrass of Facility Eckhardt Funeral Chapel 11605 Reisterstown Rd., Owings Mills, Md.21117 23a. Part1. Enter the disaasa, or complications that caused the death. Do not anter the mode of dying, such es cardiac or respiratory arrest, shock, or hadri failure. List only one cause on each line. Approximata Intarval Between Onsat end Death immediata Cause (Finel - multi orfan feilwa disaasa or condition rasulting in daath) Sequantially list conditions, if any, teading to immadiata cause. Entar Undarlying Causa (Diseasa or injury that Initiated events rasulting in deeth) Last Dua to (or as a consequence of). Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 Unknown 24b. Wara eutopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? 25. Wes casa raferred to medical exeminar? 26. Piece of Death (Check only one) 1 Yas 2 No Othar: 4 Nursing Homa 5 Residence 6 Othar (Specify) Inpatiant 2 ER/Outpatient 3 DOA 27. Manner of Death 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 1 Natural 2 Accidant 5 Panding invastigation 1 Yes 6 Could not be detarmined 3 Suicida 28e. Place of Injury - At home, farm, straat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the causa(s) and menner as steled.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, end due to the causa(s) and manner stated. (Check only 29b. Signatura and titla of certifiar 29c. License number

Tosp: XCM

29d. Data signed (Month, Day, Year)

Examiner The law requires that the death certificate be executed Records, P.O. Box 68760, Division of Vital or Attending Physician: To the Hospital or A within 24 hours efter To the Funeral Directompletely filled in by

Physician

/Medical

Examiner

10a Stata

Director

Funeral

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Completed

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Examiner

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Certification:

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31! Date filed (Month, Dey,

30. Name and address of person who completed ceuse of deeth (Itam 23a) (Type, Print)

Nort the WH

Funeral

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

Hygiene.

permit. Peges 1 end 2 should be filled wi Department of Heelth and Mental Hygien Important: If Item 27 is marked other tha any Injury or other traumed.

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altimore, Maryland 21215-0020

State Registrar

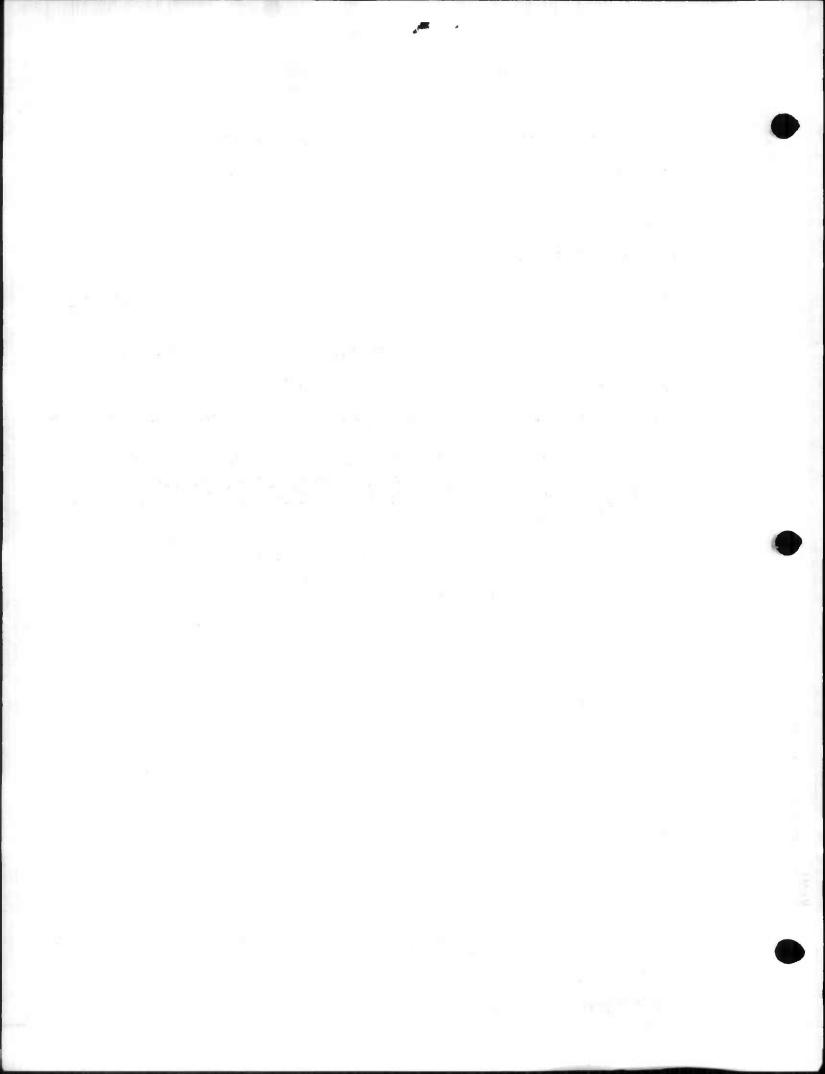
ACT - 10 트립니다. [62] 전략 14 - 14 의 기계 등 등 등 14 시간 4 전 14 등 기기

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month Day 29 ELOUISE F. GOODMAN JUNE 1997 00:49 A.M. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner ST. AGNES HOSPITAL BALTIMORE, MARYLAND If Under 1 Year If Under 24 Hrs. 8. Date of Birth Months Days Hours Min. MAY 17, 1903 5. Social Security Number 7. Age (In yrs. last birthday) 9. Birthplace (Stata or Foraign **Funeral** 1 M 2 X F 141-26-6216 Yrs. MARYPAND Director Usual Residence of Decedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show morphy injury or other traumatic event, in Mendical Esantmer man be notified at 10a State 10h County 10c. City. Town or Location 10d. Inside City Limits 1 Yes 2 □ No Director MARYLAND BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 100 N. MONASTERY AVE. 21229 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 Ø No If Yes, Give Year or Datas: 13. Was Decedant of Hispanic Origin? (Specify Yas or No If Yes, specify Cuban, Maxican, Puarto Rican, etc.) 14. Raca - American Indian, Black, White, etc. 1 ☐ Nevar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1□ Yes 2X No Specify: þ Specify: AFRO AMERICAN 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER HOMEMAKER 17. Fathar's Name (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumame) ISAIAH **FOOTE FOOTF** STELLA 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) VALARIE ALLEN NIECE 100 N. MONASTERY AVE, BALTIMORE, MARYLAND 21229 20b. Place of Disposition (Nama of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 □ Donation 5 □ Other (Specify) MT. ZION CEMETERY 7/3/97 LANSDROWN, MARYLAND 21. Signatura di Funeral Service Licensee ESTEP "BROTHERS" FUNERAL HOME. P.A. 1300 EUTAW PLACE, BALTIMORE, MARYLAND 21217 deaasa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, in ure. List only one cause on each line. **Physician** /Medical Immediate Causa (Final disease or condition resulting in death) Examiner Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that Initiated events resulting in death) Last and Box 68760 Physician/Medical 2 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 0 1 ☐ Yas 2 ☐ No 3 □ Probably 4 □ Unknown þ Records, 24b. Ware autopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy performed? this certificate 1 Yes 2 HNO 1 Yes 2 No Division of Vital 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Rasidanca 8 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28c. Injury at Work? 28d. Describe how injury occurred Certification: 28b. Time of Ather 5 Panding investigation 1 Natural 1 Yas 2 No 2 Accident after death Director: 3 Suicide 6 ☐ Could not be dataminad Placa of Injury - At home, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida To the Hospital within 24 hours a To the Funeral C edical 29a. Cartifier 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) nd addrass of perspn who complated cause of death (Item 23a) (Type, Print) 900 Cator 32. Registrar's Signature State

Registrar

GOODMAN, ELOUISE



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3. Time of Death Month Gilligan Collette M. June 27, 1997 11:08p.m. 4b. City, Town, or Location of Deeth 4e. Fecitity Neme (If not institution, give street end number) 4c. County of Death 513 Sylview Drive Anne Arundel Pasadena If Under 1 Yeer | If Under 24 Hrs. 8. Dete of Birth
Months | Deys | Hours | Min. | (Month, Day, Year) 7. Age (In yrs. lest birthdey) Birthptece (State or Foreign Country) Deys 1□ M 25 F Yrs. 73 Dec. 12, 1923 New York 10c. City, Town or Location 10d. Inside City Limits Anne Arundel Pasadena 1 ☐ Yes 2 No 10f. Zip Code 10g. Citizen of What Country? 513 Sylview Drive 21122 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 Yes 2 No If Yes, Give X Yeer or Detes: 1 ☐ Never Merried 2 ☐ Marrted 1 ☐ Yes 2 ☑ No Specify: Specify: White 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Bookkeeper Gilligan Development 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Teresa L. O'Conner Edward A. Campbell 19b. Meiting Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

15. Decedent's Educetton (Specify only highest grade completed) Elementery/Secondery (0-12)

10b. County

19a. tnforment's Neme/Retetionship (Type, Print)

316 Hickory Point Road Pasadena, Maryland 21122

Kevin E. Gilligan Son 20e. Method of Disposition Buriai 2 ☐ Cremetion 3 ☐ Removei from State 4 ☐ Donetion 5 ☐ Other (Specify)

20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Glen Haven Mem. Park July 1,1997

20c. Location - City or Town, Steta Glen Burnie, Maryland

21. Signature of Funeral Service Licensee un

22. Name end Address of Fectity McCully-Polyniak Funeral Home

3204 Mountain Road Pasadena, Maryland 21122 23a. Pert1. Enter the disease, or complication, that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Deeth

tmmedtete Cause (Finel disease or condition resulting in deeth)

5. Sociel Security Number

095-12-7147

10e State

Maryland

10e. Street and Number

Usuei Residence of Decedent

3 ₩idowed 4 Divorced

Physician

/Medical

Examiner

Director

Funera

by

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show

7 is marked other than "natural", or itema 23a or 28a-f sho traumatic svent, the Medical Examinar must be notified at

permit. Pages 1 and 2 should be filed within 72 hours after d Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural" any injury or other traumatic sventions.

Physician

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Examiner

physician and the bunal-transit

that the death certificate be assecuted

P.O. Box 68760.

Records

Division

law requires

8

al or Attending a after death. I Director: After d in by the funer

To the Hospital c within 24 hours at To the Funeral D completely filled?

Examiner

Physician/Medicai

Certification: To Be Completed by

BRAIN METASTASIS Due to (or es e consequence of):

LUNG CANCER

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or trijury that initiated events resulting in death) Lest

Due to (or es e consequence of):

Pert tt. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert t.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

HUPERTENSIDN

PARANEOPLASTIC SYNDROME.

24b. Were autopsy findings eveileble prior to 24a. Wes en eutopsy performed?

SEIZURE DISORPER

1 ☐ Yes 2 No

completion of cause of deeth? 1 ☐ Yes 2 No

25. Wes cese referred to medical examiner?

26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Aestdence 6 Other (Specify)

Hospitet: 1 ☐ tnpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No 28e. Dete of fnjury (Month, Dey Year) 27. Menner of Deeth 5 Pending Investigation 1 Naturel 2 Accident

28b. Time of 28c. tnjury et Work?

29c. License number

28d. Describe how Injury occurred

3 Suicide 6 Coutd not be determined 4 - Homtcide

28e. Plece of tnjury - At home, ferm, street, fectory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29e, Certifier

Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29b. Signeture end title of certifler anastano R. de lastro M.D. 29d. Dete signed (Month, Day, Year)

30. Name and eddress of person who completed cause of deeth (ttem 23e) (Type, Print)

301997

ANASTACIO RIDE CASTRO MID 200 HUSPITITU DRIVE STE 308 GIEN BURNIE MID

31. Dete filed (Month, Day, Year)

32. Registrer's Stgneture ula Savidson

State Registrar

10

DHMH 16 Bev 6/95

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112			art I,27,28a-f per	MEO (G-749 7/8/9	7 dh	C	ertificat	e of	Death			Reg. No.	,	20000
	Physic /Medi		1. Decadant's Nama (First, Midd DAVID HEA		t)							2. Data of De- Month JUNE	Day	Yaar 997	3. Time of Death 11:55PM
	Exami		4a. Facility Name (If not institution	on, giva	street and numbe	r)				4b. City, Town	m, or Lo	cation of Deeth			
			2320 EAST B	IDD	LE STRE	ET				BALT			N/		
	Funeral Director		5. Sociel Security Number 2 1 8 - 4 4 - 0 7 1 1	6. Sa		ige (In yrs. 51	lest birtha Yrs	Months	1 Yaar Days		4 Hrs. Min.	8. Data of Bird (Month, Da JAN 5	v. Year) 1946	9. Birth Cou	place (Stata or Foreign ntry) MD
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	sth with the Marylan 23e or 28e-f show	Director	10a. Stata 10b. Count	,	N/A	TOG. CII	y, Town o	Location	BA	LTO			1 🔯		
	or 28	- Sire	10e. Street and Number					10f. Zip	Code				What Cou	ntry?	
	23°	ie.	2620 BRENDAN	JA	VE		21213						U.	S.A.	
	Herra Herra Iner m	Funeral	11. Marital Status		12. Was Deceder Armed Forcas	t Ever In U.	,S. 1	3. Was Dace	dent of cify Cut	Hispanic Origi	in? (Spe	ecify Yas or No Rican, atc.)	(as or No- , atc.) 14. Reca - Arr Black, Wh		
Maryland 21215-0020	72 hours effer deeth with the Maryland 'natural', or flems 23e or 28s-f show dies! Exeminer must be notified at	by	1) Never Marriad 2 Mai 3 Widowed 4 Divorce		1 ☐ Yas 2X If Yas, Giva Yaar or Detas] No		1□ Yas					Specil		BLACK
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d 2	Hygie ther ther		12th 17. Fathar's Name (First, Middla	(ast)	N/A			TRUCK	DR	_	e Nama				TITO ILD
an	S la b	o Be	THOMAS HEATH									LE RI		nay	
J.	12 should h and Mer 7 is marke traumatic	70	19a. Informant's Neme/Raiation		vpe. Print)		19b. M	eliina Addrasi	S (Stree					Stata Zi	n Code)
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re,	- £ 5 5		20e. Method of Disposition		I ICI DIVD	20b. P	lace of Di	sposition (Na	na of			Date			own, State
Baltimore,	artment of ortant: If Its injury or of 6.		1 Buriai 2 Cramation 4 Donation 5 Other (Specify)		MT	· ZI	ON CE	M		1	997			
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E			23a, Part 1. Enter the disease, o shock, or heart tallyre. Lis	r comp t only o	pilications that caused tha daath. Do not antar tha moda of dying, such es cardiac or na causa on aech lina. COCAINE AND							or raspiratory a	rast,		Approximete Intarval Batween
	Physician /Medical		mmediata Causa (Finai											1	Orisat and Deeth
	Examiner	- 5	diseese or condition resulting in deeth)		a. NARCOTI	C INTO	XICAT	ION						1	
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Box	sath cer attendin for use	lan/			d										
0	a death the atter hed for u	Physician/M	Part II. Other significant conditi	ons co	ntributing to death	but not resi	ulting in th	a underlying o	ausa g	ivan in Part I.		23b. Dld 1	obacco use co	ontributa t	to the cause of death?
0	that tha dended by the											10	Yas 2□ No	3 Pro	bably TUnknown
Records,	requires been sign should be	Completed by											en eutopsy med?	C	/ara autopsy findings /eilable prior to omplation of causa deeth?
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of Vital		Bec	25. Was casa rafarred to medica	ai [26. Piaca c	of Death	(Check only o	0.00	X	
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U C	g Pr		27. Manner of Death 1 □Naturei 5 □ Pandi	na	28a. Dete of In (Month, D	jury ey Year)	28b. Tim Inju	e of P	8c. Inju	ry at ork?		28d. Dascribe I	now injury occu	rred	
Sign	200	cation	2 ☐ Accidant invast	igation	found: 6/					Yas 2XXN		nknown			
15	RC SE	E	3 Suicida 6 CCould	nined	28e. Piaca of It	njury - At ho	ma, farm,	straat, factor	, offica		1	28f. Location (S	Straat end Num	ber or Rug	el Routa Number,

by cate hes been signe, page 2 should be Be Completed Certification: To

	XXYes	2□No	XX
26. Piaca of Death (C	heck only ona)		
Othar: 4 Nursing Homa	5 Residence	6 □Otha	r (Specify)
4 Ca i torolling i torrid	3 🖂 1 1031001100	O LIOTTA	Openy

OI GOOGIII	
XXYas	2□ No

28b. Time of Injury P found: 6/27/97 found 11:40 28e. Piaca of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify)

28f. Location (Streat end Number or Rurel Route Number, City or Town, Steta) 2320 E. Biddle Street, Baltimore, Maryland

1 Certifying Physician: To the bast of my knowledga, daath occurred et tha tima, data and piaca, and dua to tha ceuse(s) end mannar as stated.

2 Madical Examiner: On the bast of axamination and/or invastigetion, in my opinion, deeth occurred at the time, date and piace, and dua to the cause(s) and mannar stated. (Check only one) 29b. Signature and titia of cartifian

29a. Certifiar

4 Homicida

29c. Licansa numbar

29d. Date signed (Month, Day, Year)

O.C.M.E.

JUNE 29, 1997

30. Nema and eddress of parson who complated cause of death (item 23a) (Type, Print)

THEODORE M.
31. Data filad (Month, Çay, Yaar)

JUL 0 2 1997

KING M.D. 111 Penn Street, Baltimore, Maryland 21201
32. Ragistrar's Signatura

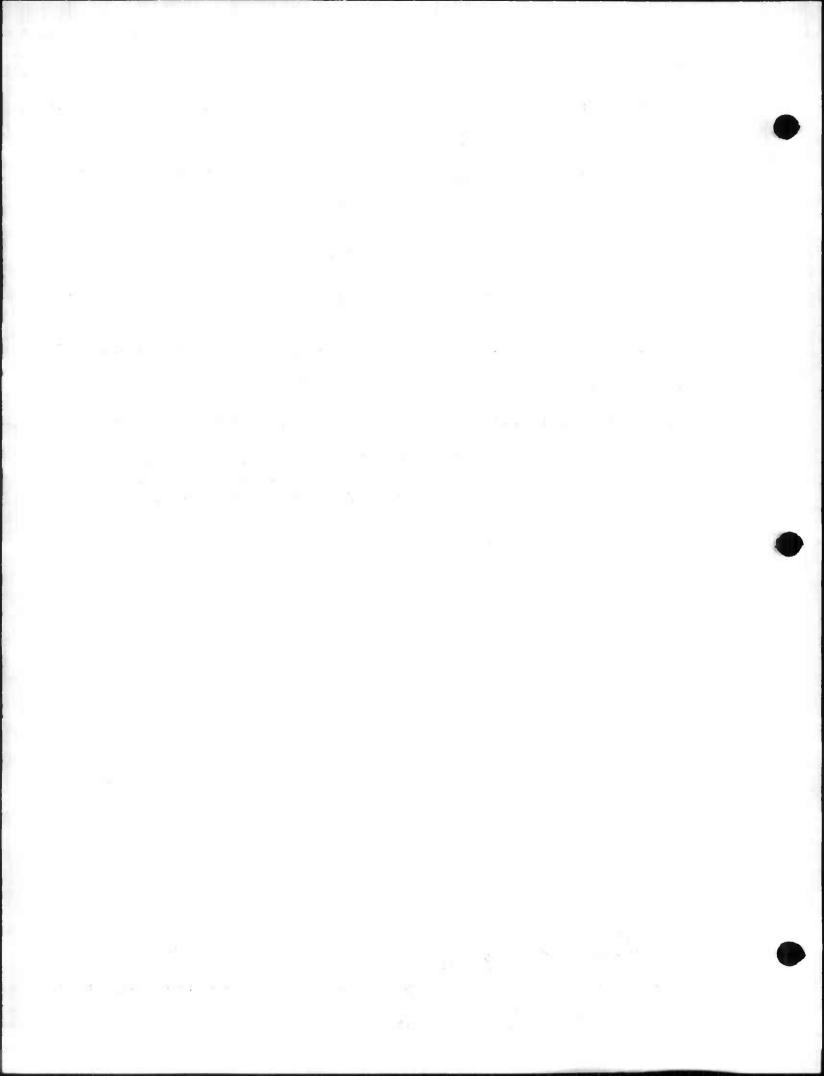
Sund Savidson Rendere

at a residence

State Registrar

Medicai

within 24 hou To the Fune



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death **Physician** ERMA /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Baltmore Or Creneral arylana NIA If Undar 1 Yaar If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1□ M 2X F Q Yrs. 220-24-5448 Director Usuai Rasidance of Decedant the Meryland 10a, Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits them 27 is marked other than "natural", or items 23s or 28s-f show other trsumstic svent, the Medical Examiner must be notified at WYas 2□No BALTIHORE Director MARYLAND 10e. Street and Number 10g. Citizan of What Country? filed within 72 hours after death with AVENUE 3031 HANLON USA. 12. Was Decedent Evar in U,S. Armed Forcas? 1 ☐ Yas 2 Ø No If Yas, Giva Year or Datas: 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status 1 Nevar Married 2 Married altimore, Maryland 21215-0020 1□ Yas 2X No Specify Specify: BLACK Š 3 Widowed 4 □ Divorced Completed Decedant's Usual Occupation
 (Giva kind of work dona during most of working life. DO NOT use ratired) 15. Decedant's Education (Specify only highast grada complated) 18b. Kind of Businass/Industry pernit. Pages 1 and 2 should be filed withir Department of Health and Mental Hyglene. Important: If flem 27 is marked other than any injury or other trsumatic event. the Me Eiamantary/Secondary (0-12) College (1-4or 5+) 10+HGRADE BABYSITTER VARIOUS FAMILIES 17. Fathar's Nama (First, Middia, Last) 18. Mothar's Nama (First, Middla, Maldan Sumama) Be AWRENCE BEATRICE CARRINGTON 19a. Informant's Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Coda) 3031 HANLON SISTER) DOROTHY BALTIMORE, MD. 21216 20b. Piece of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 Buriai 2 □ Cramation 3 □ Ramoval from Stata 7-5-97 ARBUTUS, MARYLAND ARBUTUS CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) 22. Nama and Addrass of Facility TOSEPH H. BROWN JR. FUNERAL HOME, P.A. JOSEPH H. BROWN JR. FUNERAL HOME, P. 2140 N. FULTON AVE. BALTIHORE, MD. 21217

21a. Parti Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.

Approximate 21. Signature of Funeral Service Licensee **Physician** /Medical immediata Causa (Final disaasa or condition rasulting in daath) Examiner Examiner ettending physician and for use as the buriel-transit The lew requires that the death certificate be executed Sequantielly list conditions, if eny, laading to immediata cause. Entar Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consequence of) Part ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of degth? 3 □ Probably 4 Donknown 1 Yes 2 No þ 8 24b. Were autopsy findings svaliable prior to completion of cause of death? page 2 should Completed 24a. Wes an autopsy performed' 1 Yas 2 D No 1 ☐ Yas 2 ☐ No certificate or Attending Physician: Be 25. Was cesa rafarrad to medical axaminar? 28. Place of Daath (Check only ona) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Funers after dee...
Funeral Director: After this ...
""Ad in by the funeral dir 1 Yas 2 No Lo 2 B ER/Outpatient 3□ DOA 1 Inpatiant 27. Manner of Death 1 Di Neturai 28c. Injury at Work? Certification: 28b. Tima of 28d. Dascribe how Injury occurred 5 Pending invastigation injury 1 ☐ Yas 2 ☐ No 2 Accidant 8 Could not be datarmined 3 Suicide 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 ☐ Homicida 1 Certifying Physician: To the best of my knowledga, deeth occurred et the tima, data and piace, and dua to tha cause(s) and mannar as stated.
2 Medical Examiner: On the basis of examinetion end/or invastigetion, in my opinion, death occurred at the tima, data and piace, and due to the cause(s) and mannar stated. Medical (Check only one) 29b. Signature and title of certifier. 29c. Licansa numbar 29d. Data signad (Month, Day, Year) 30. Name and address of person who complated cause of daeth (itam 23a) (Type, Print) 32. Registrar's Signature 31. Date tiled (Month, Bay, Year) State whit Savide

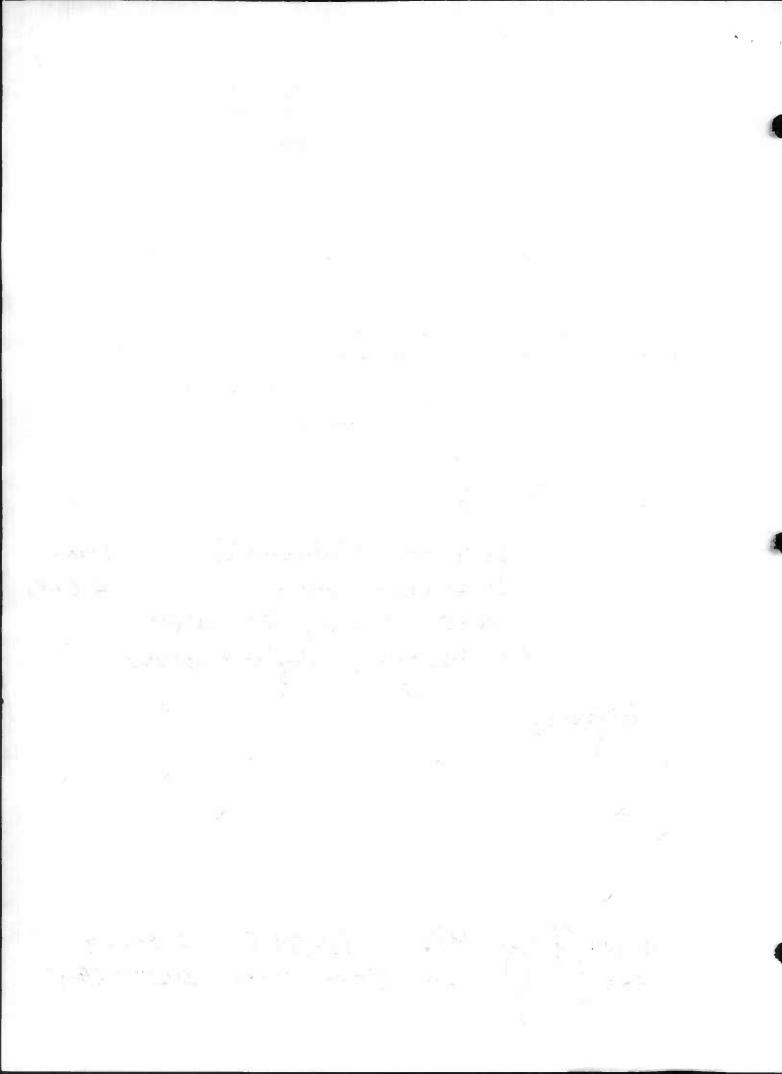
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State of Maryland / Department of Health and Mental Hygiene

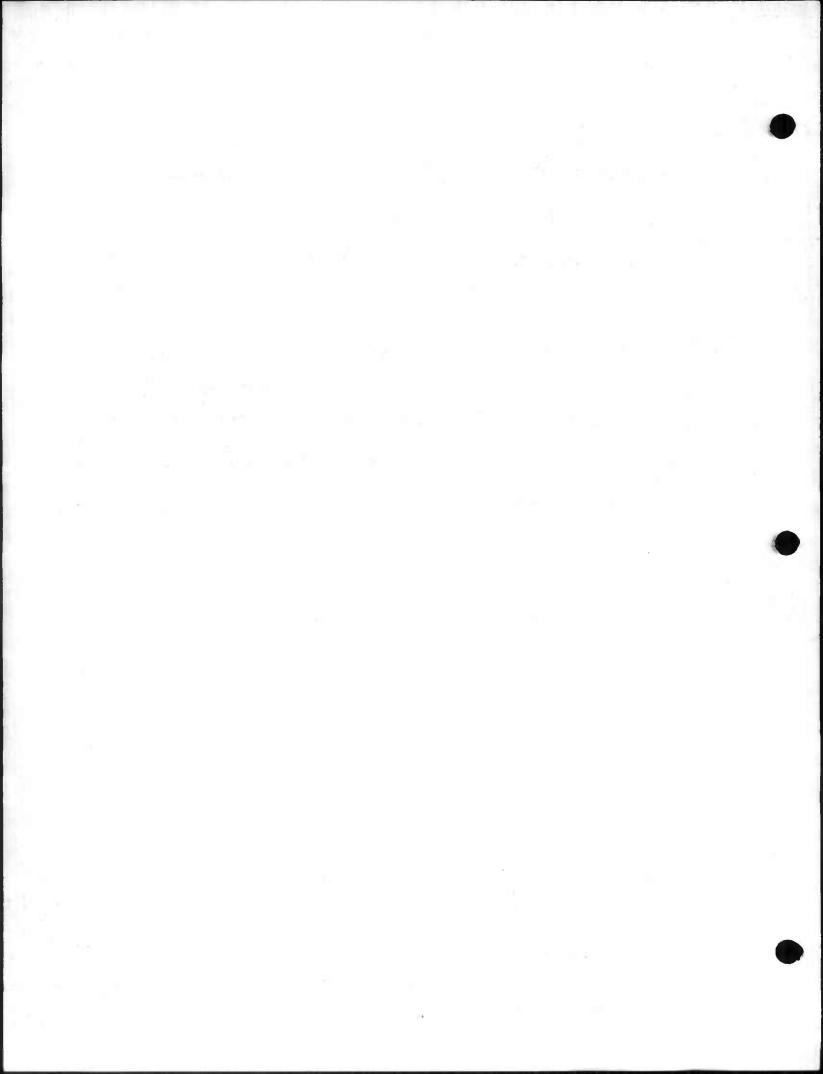
Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Data of Deeth 3. Time of Death **Physician** Month JOSEPH PATRICK HYNES 1997 June 28, 8:30 AM /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner 2413 Raintree Ave. Westminster Carroll If Under 1 Yaar | If Undar 24 Hrs. | 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. lest birthday) Birthpiece (State or Foreign Country) **Funeral** Months 11 M 2□ F Yrs Director 214-14-8250 Aug 16, 1921 Maryland Usuel Residence of Decedent with the Maryland 10e. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 X No Director Maryland | Carroll Westminster 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 6 238 2413 Raintree Ave. Funeral 21157 USA filed within 72 hours efter death 12. Wes Decedant Ever In U.S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yas or No-It Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1⊠Yes 2□No 1943− It Yes, Giva Year or Detes: 1945 1 □ Nevar Married 2 N Merried Maryland 21215-0020 5 1 ☐ Yes 2 ☒ No þ Specify: 3 ☐ Widowed 4 ☐ Divorced 'natural', White Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry at Hygiene. Eiamantary/Secondary (0-12) Eickelberg Coilaga (1-4or 5+) 11 years Bookbinder Printing Co. permit. Pages 1 and 2 should be file Department of Health and Mental Hy, Important: if them 27 is marked othe any Injury or other traumatic event 17. Father's Neme (First, Middle, Last) 18. Mother's Nema (First, Middle, Melden Surneme) Be Frank A. Hynes Grace Marie Unknown 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2413 Raintree Ave. Catherine Hynes (Wife) Westminster, MD 21157 Baltimore, 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 7-1-97 Woodlawn, Maryland Woodlawn Cemetery 21. Signeture of Funeral Servica Licenses 22. Name end Address of Facility Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 21133 23a. Park Enter the disease, or complications that caused the death. Do not enter the mode of dying shock, or haart tailure. List only one causa on each line. Approximeta Intarvai Betw and Deeth **Physician** /Medicai Immediete Causa (Final diseese or condition rasulting in daath) Examiner Examiner The law requires that the death certificate be executed burial-transit Sequantielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated avants resulting in death) Lest Division of Vital Records, P.O. Box 68760, physician Physician/Medical the signed by the et d be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part II. 23b. Did tobacco use contribute to the cause of death? 1 Yes 24 No 3 Probably 4 Unknown þ 24a. Was an autopsy Completed Were autopsy findings available prior to Deen n of cause 1 ☐ Yes 2 No 1 ☐ Yes 26 No 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2000 1 ☐ Inpatient 2 ☐ EFI/Outpatient 3 ☐ DOA 27. Menner of Daath 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 1 Patural 5 Pending Investigation Certification 1 Yes 2 No 2 Accident I or Atten after deal Director 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28t. Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 Homicide To the Hospital or within 24 hours aft To the Funeral Di completely filled in Certifying Physician: To the best of my knowledga, daath occurred at the time, dete end place, and due to the ceusa(s) and mannar es stated.

2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, deeth occurred at the time, date end place, end due to the ceusa(s) and manner steted. 29a. Certifier Medical 29b. Signetura end titla of certifie 29c. License number 29d. Date signed (Month, Day, Year) use of daeth (Itam 23e) (Type, Prin 30. Neme end addrass 293 31. Date tiled (Mor Pegishar's Signature Davidson—handed State Registrar



State of Maryland / Department of Health and Mental Hygiene 97 20008

					Certifica	ate of Death	Re	g. No.		
			1. Decedent's Name (First, Middle, La				2. Date of Death		3	. Time of Deeth
	Physic		Rodney A	· Jonnson			Month	Day /	997 (6:50 pm
	/Medi Examir		4a. Facility Name (If not institution, giv			4b, City, Town, o	or Location of Death	4c. County		2 3 411
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_			5. Social Security Number 6. S		to a 4 hinto day of 1 lind	ler 1 Year If Under 24 H			NIQ	40
	Funeral		A 1	Sex 7. Age (In yrs. I	Yrs. Month			Year)	Country)	
	Director	l	014-54-6538	41	113.		11 10	49	Mar	yland
	P 3		Usual Residence of Decedent 10a. State 10b. County	100 City	y, Town or Location				404	toolds Ob. I to be
	sho sho	<u>_</u>		Ila D	1					Inside City Limits 1 1 2 Yes 2 □ No
	M P	cto	1114.	VIa 130	iltimore					Dates 21 No
	or 2	Director	10e. Street and Number		10f. 2	Ip Code	10	g. Citizen of	What Country?	
	₩ m		4526 Pinlic	o Rd.		21215		1	150	
	d within 72 hours after death with the Maryland jena. r than "natural", or items 23s or 28s-f show the Marines Examiner must be notified at	Funeral	11. Marital Status	12. Was Decedent Ever in U,	S. 13. Was Dec	edent of Hispanic Origin?	(Specify Yes or No-		ce - American I	ndian,
0	# 5 E	F	1 Never Married 2 Married	Armed Forces? 1 ☐ Yes 2 ☐ No		pecify Cuban, Mexican, Pu	erto Rican, etc.)	Blad	ck, White, etc.	
22	Lrs a	by	3 ☐ Widowed 4 ☐ Divorcad	If Yes, Give Year or Dates:	1 □ Yes	2 No Specify:		Specify	V	rican
Ş	the plant	8	15. Decedent's Ed	fucation	16a. Decedent's Us	sual Occupation	1	6b Kind of B	usiness/industr	
5	9	Completed	(Specify only highest gre	de completed)	(Give kind of v	vork done during most of w	vorking	DD. 141110 01 D	uon rosami rousii	,
12	filed within Hygiena. ther than " ent, the Me	E	Elementary/Secondery (0-12)	College (1-4or 5+)	Rod	000		Λ.ν.	Track	ν
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Maryland 21215-0020	should be nd Mental marked o	2		nson		1070	- 114	peris		
<u>0</u>	C1 00 00 00		19a. Informant's Name/Relationship (Type, Print) WIFE	19b. Mailing Addre	ss (Street and Number or	Rural Route Number,	City or Town,	Stete, Zip Coo	de)
	1 end Health em 27 other tr		Mrs Theresa Joh	nson	45261	imlico Rd	Baltin	ore, II	10.21	215
ore.	10 - 40 0		20a. Method of Disposition		laca of Disposition (Nemetery, cremetery)	eme of	Date/ 2	oc. Location -	City or Town,	State
altimore,	0 0		1 Surial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specific	Hemoval from State	12.1 D	1	7-8	2011	44 (2 50	m.l.
	in in		21. Signature of Funeral Servica Lican		TUIL TI	and Address of Facility		JUITI	more,	1110
Ba	permit. Pa Department Important: eny injury				1	and Address of Pacifity	2222 w.	DOLIN	ave	
			Joseph L. X	udd	Josep	h L. Kuss	Baltimo	re, Mo	1.212	16
			23a. Part1. Enter the disease, or com- shock, or heart failure. List only	plications that caused the deeth	n. Do not enter the mo	ode of dying, such es card	iac or respiratory erres	st,	Ap	proximete erval Between
	Physician		,							iset and Death
	/Medical		fmmediate Cause (Final disease or condition	PAP	100000	nocyst's ca		e ((10) ((1)	a 110. 110
	Examiner		resulting in death)	e. Due to to	res e consequenca o	11009512 (00	rinic pru	CONTON	10/4	Month
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F	nnsit	Examiner		b. A) 5					
3	be executed ician and burial-transit	×	Sequentially list conditions, if any, leading to immediate	Due to (or	r es a consequence of	i):			į	
3	certificate been nding physician ause es the burial		cause. Enter Underlying Cause (Diseese or Injury	c. Pena	1 tail	ure			i	
0x,687	certificate b iding physic ise es the bi	/Medical	that initiated events resulting in death) Last	Due to (or	as a consequenca of):			į	
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	0 0	Physician	Part II. Other algnificant conditions of	ontributing to death but not resu	ulting In the underlying	cause given in Part I.	23b. Did tob	acco use co	ntribute to the	cause of death?
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or vital Records,	requiras een sign hould be						24a. Was en	eutonev	24h Were s	autopsy findings
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ě	S S	du							of deat	
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<u> </u>	ysicien: The s certificate director, pag	Be	25. Was case referred to medical			26. Plece of D	eath (Check only one)		
>	5 00 0	To	exeminer? 1 ☐ Yes 2 ဩ No	Hospital: 1 ☑ Inpatient 2 ☐ I	ER/Outpatient 3 [OOA Other: 4 Nursing	Home 5 Residen	ce 6 □Oth	er (Specify)	
0	g Phys er this		27. Manner of Death	28e. Dete of Injury	28b. Time of	28c. Injury at Work?	28d. Describe how			
0	ding I th. After a funer	tio	1 Matural 5 ☐ Pending 2 ☐ Accident Investigation	(Month, Dey Year)	Injury M	Work? 1 ☐ Yes 2 ☐ No				
S	i or Attending after death. Director: After I in by tha fune	Certification:	3 Suicide 6 Could not be		me farm street facto	ny office	28f. Location (Stre	et end Numt	ner or Rurel Ro	ute Number
-	or A after Dire	FT	4 ☐ Homicide determined	building, etc. (Specify)	ny, omoa	City or Town,		0, 0, 7,0,0,7,0	die Maniper,
	pitai urs prei		00-0-48							
	Hos Fun Ialy	edical	(Check only 2 Medical Exam	yalclan: To the best of my know inner: On the basis of examinati	viedge, death occurre ion and/or investigatio	d at the time, date and pla in, in my opinion, death oc	ce, end due to the cau curred at the time, dat	ise(s) and ma e and place.	anner as atated and due to the	1. cause(s)
	To the Hospital or Attending Phywitin 24 hours after death within 24 feet this completaly filled in by the funeral completaly filled in by the funeral		uney	and manner stated.		, , , , , , , , , , , , , , , , , , , ,				
	To the Hospital of within 24 hours at To the Funerel D completely filled I	Σ	29b. Signature and title of certifler	. 1		9c. License number			d (Month, Day,	- 11.14
			FARMONG.	Millian 1	mn 1	952402321	FWGM2 T	1./1.	1 10	747
′	(1)		30. Name end address of person who	completed cause of death (Item	23a) (Type Print)	, 5 - 100001	F 145 J	rig	////	1 /
	10			Williams	111	952402321 Singi Ho	SD, /1.1	Rult	7/17/000	1111
	-01		31. Date filed (Month, Day, Year)	32. Registrar's Signat	///~	11011 110	101	LUII	111016	1110
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State of Maryland / Department of Health and Mental Hygiene

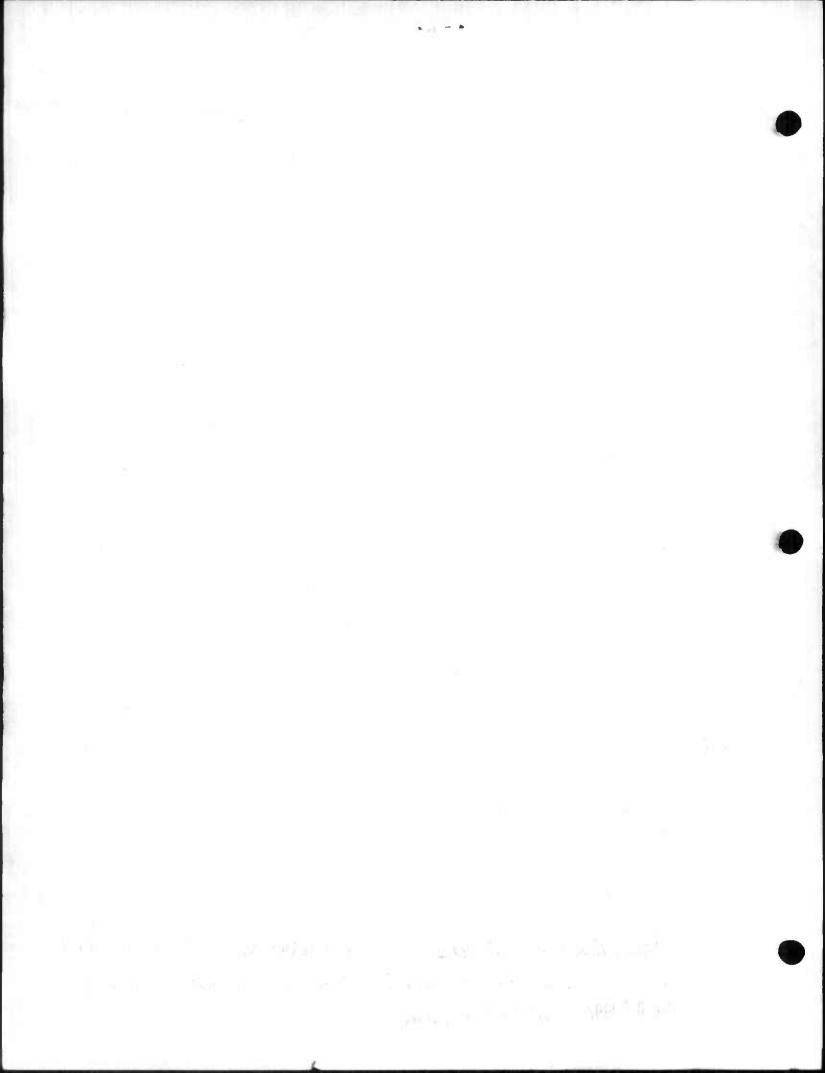
20009 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** Month **GEORGE** 3:18 AM WELLINGTON JOHNSON 1997 4b. City, Town, or Local of Deeth /Medical 4a. Facility Name (If not institution, give street end number) 4c. County of Deeth **Examiner** UNION MEMORIAL HOSPITAL BALTIMORE 5. Social Security Number If Under 1 Year If Under 24 Hrs. Hours Min. 8. Dete of Birth Month, Day, Year) FEB 13,1933 7. Age (In yrs. lest birthdey) 9. Birthpiece (Stete or Foreign **Funeral** Days Hours 10 M 2□ F BALTIMORE, MD. Director 212-28-4696 64 Vrs Usuel Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show Yes 2 No Director MARYLAND BALTIMORE OWINGS MILL 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? items 23a 5 PLEASANT RIDGE DRIVE, PH 4 21117 USA Funeral 12. Was Decedent Ever in U.S. Armed Forces?

1 M Yes 2 □ No If Yes, Give Yeer or Detes: 48-52 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours after reant of Health and Mental Hygiene. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🕅 No Specify: by 3 ☐ Widowed 4 ☐ Divorced Specify: AFRO. AMERICAN Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) UNITED STATES POSTAL SERVICE POSTAL SERVICE 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) **GEORGE** THOMAS GENEVIENE REBECCA JOHNSON important: If health are important: If health are any injury or other traumones 19e. informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) BRENDA JOHNSON WIFE PLEASANT DRIVE, PH 4, OWINGS MILL, MARYLAND21117 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) DRUID RIDGE CEMETERY 6/30/97 BALTIMORE, MARYLAND 21. Signature of Funeral Service Licensee ESTEP BROTHERS FUNERAL HOME, P.A. 1300 EUTAW PLACE, BALTIMORE, MARYLAND 21217 ant. Enter the column, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, book, or heart failure. List only one cause on each line. Approximete intervai Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finei diseese or condition resulting in deeth) Examiner Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest Valve Skrosis Box 68760 nric Physician/Medical Due to (or es e consequence Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Records, 24b. Were eutopsy findings aveileble prior fo completion of cause of death? 24e. Wes en eutopsy performed? 1 ☐ Yes 2 KNo Vital 25. Wes case referred to medical Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Lo 1 ☐ Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA to 27. Menner of Deeth Dete of Injury (Month, Dey Year) Certification: 28b. Time of 28c. injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 Naturei 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 I Homicide To the Hospital within 24 hours To the Funeral C 29a. Certifier 15d Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the ceuse(s) end menner as steted.
2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner steted. Medical 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Tune 25, 1997 AT2438946 BI 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) Omran Abul-Khoudoud, MD 2018 Univ Parkway, Baltimore, MO21218 filed (Month, Dey, Yeer) L 0 2 1997

DHMH 16 Rev 6/95

Registrar

Johnson



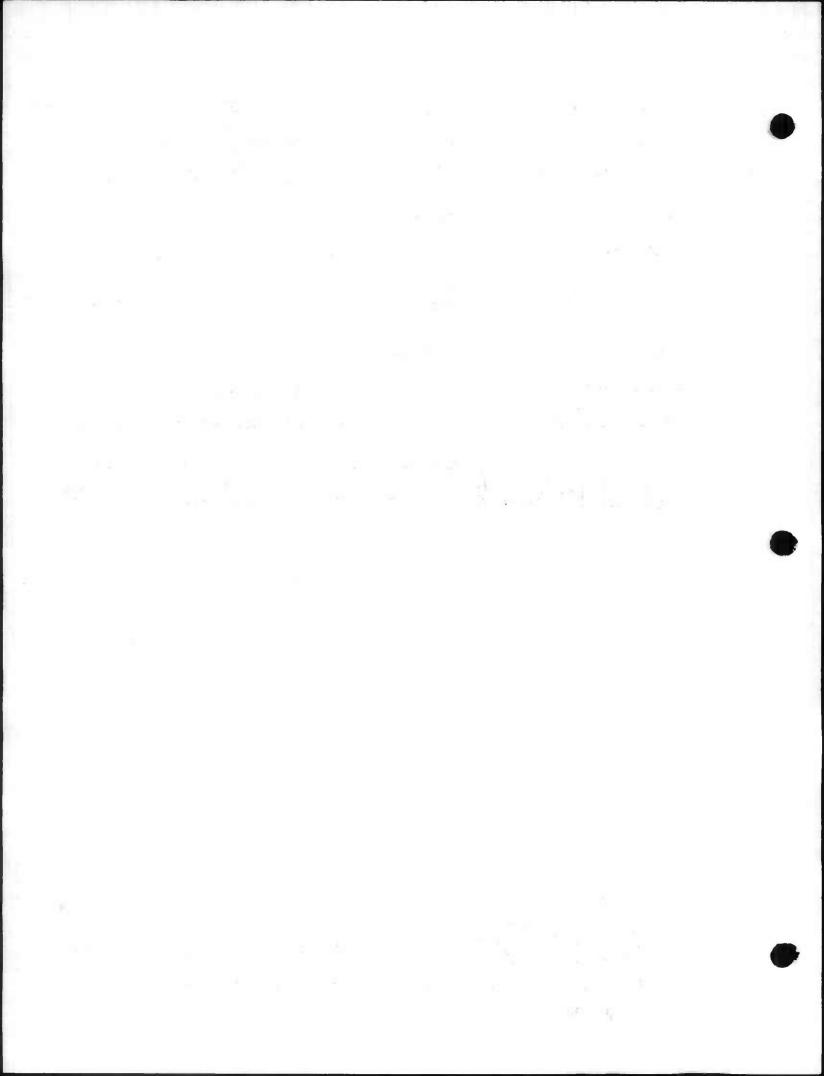
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of the th 2 Date of Death Month **Physician** 10:45 M DANJEL JONES JUNE HOWARD /Medical 4a. Facility Name (If not Institution, give street and number) 4b, City, Town, or Location of Deeth 4c. County of Death BALTIMORE Examiner BALTIMORE VETERANS AFFAIRS MARYLAND HEALTH CARE SYSTEM N/A 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number Birthplace (State or Foreign Country) 6 Sev **Funeral** 1⊠M 2□F 73 245 26 7137 Yrs. Director JULY 5, 1923 N.C. Usual Residence of Decedent the Marylend 10a State 10b. Counts 10c. City, Town or Location 10d. Inside City Limits show 7 is marked other than "natural", or items 23s or 28s-f shor treumstic event, the Medical Examiner must be invitified at Md. N/A Baltimore 1 □ Yes 2 □ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 3607 Forest Park Avenue 21216 U.S.A. Funeral death 12. Wes Decedent Ever In U,S. Armed Forces? 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-II Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Merital Status permit. Pages 1 and 2 should be filed within 72 hours effer c Department of Heelth and Mental Hygiena. Important: If Item 27 ie marked other than "natural", or hemeny Injury or other traumatic. 1 RYes 2 No 1944 If Yes, Give Year or Dates: 1946 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: Specify:Black þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry lementery/Secondery (0-12) College (1-4or 5+) 11th Grade Barber Self-employed 17. Fether's Neme (First, Middle, Last) 18. Mother'a Name (First, Middle, Meiden Surname, Wesley Jones Callisha Gerald 19e. Informent's Neme/Relationship (Type, Print) wife 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 3607 Forest Park Avenue Baltimore, Md. 21216 Theresa J. Jones 20a. Method of Disposition 20b. Pleca of Disposition (Neme of cametery, cremetory or other plece) 20c. Location - City or Town, State 1 Period 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify Crownsville Veterans July 3 Anne Arundel, Md. 21. Signature of Funeral Sendoe Lice 22. Name and Address of Fecility Nutter Funeral Homes, Inc. 2501 Gwynns Falls PKWY Baltimore, Md. 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart leilure. List only one cause on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final PNEUMONIA diseese or condition resulting in deeth) Examiner Due to (or es a consequence of) Examiner ON-SMALL CELL LUNG CARCINOMA physician and the burial-transit law requires thet the death certificate be asscuted Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es a consequença ol): Vital Records, P.O. Box 68760 Physician/Medical Due to (or es e consequenca of) 82 980 for signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy lindings svailable prior to completion of cause of death? been si Completed 24a. Wes an autopsy performed? has 1 Yes 2 No certificate director, 25. Wes case relerred to medical Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 0 1 ☐ Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Dey Year) 27. Menner of Death 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? 1 Neturel 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 6 ☐ Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 Homicide Hospital 24 hours 24 hours 29e. Certifier (Check only one) 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end pleca, end due to the cause(s) and manner as stated.

2 Madical Examiner: On the bests of examinetion and/or investigation, in my opinion, deeth occurred at the time, dete and plece, and due to the cause(s) end manner stated. To the Hosp within 24 hor To the Fune completely fi Medical 29b. Signature and file of certifie 29c. License number 29d. Dete signed (Month, Day, Year) P04763 JUNE 29, 1997 mel sol 30. Name and address of person who completed cause of death (ttem 23a) (Type, Print) 10 NORTH GREENE STREET BALTIMORE MD 21201 ARNEL MENDOZA TAGLE, MD P2 Register's Signetur July Dividion—Randall 31. Dete Illed (Month, Dey, Year)

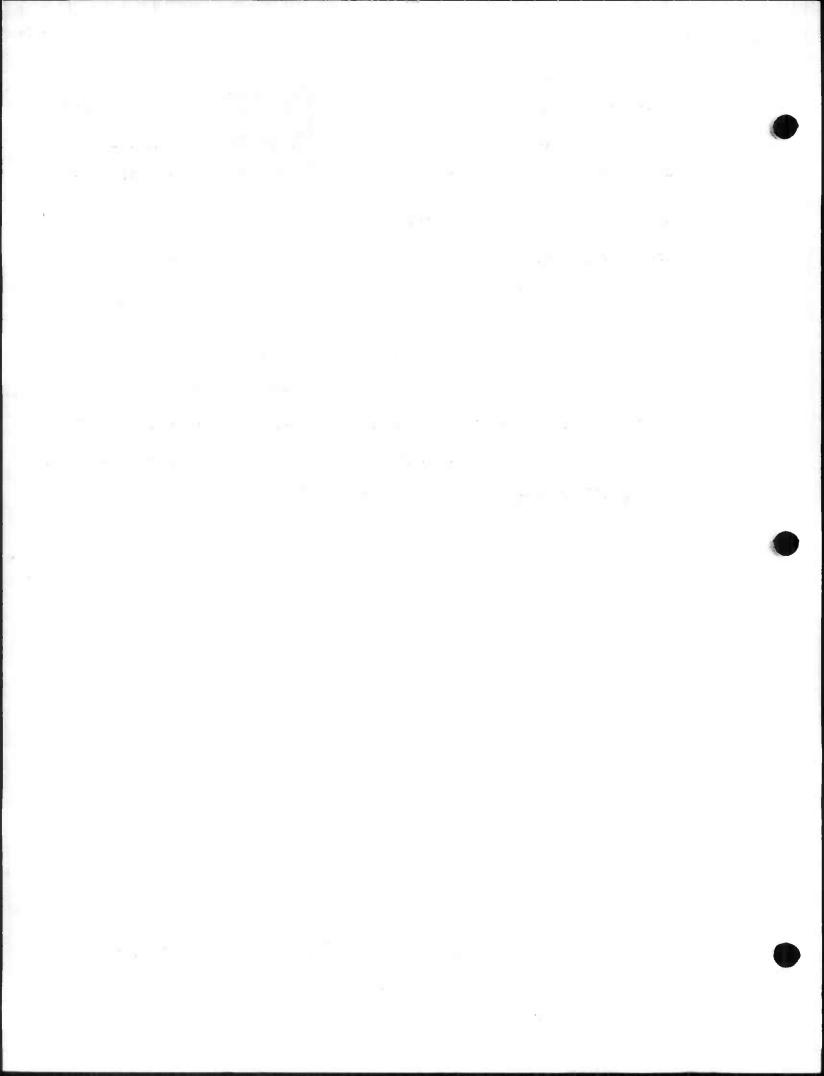
State Registrar

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DHMH 16 Rev 6/95



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Р	Physici		Vernon L	. K	iser				June	30° 199	Year	1:00 AM	
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-	Francis				a (In yrs. le	ast birtho	(av) If Undar 1 Ya			-		a (State or Foreign	
	Funeral Director		441-34-6750 Usual Residence of Decedent	M 2□F 7. Age	61	Yrs	Months Day	ys Hours Mir	8. Date of Birth (Month, Day Sept.	20,1935	Oklah(e (State or Foreign	
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	r 28	Director	10e. Street and Number				10f. Zip Code	9		10g. Citizan of Wi	nat Country?	7	
	3a c		1405 Bowles Ter	race.			21	050		U.S.A			
	deet me 2	Funeral		2. Was Decedant I Armad Forces?	Evar in U,S	S.	13. Was Decedant of	f Hispanic Origin? (Specify Yas or No-		- Amarican I		
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ב	m - 0 -	17. Father's Nama (First, Middle, Last) Victor Kiser Rub								Maiden Sumama)		
S	should be filed nd Mental Hygi marked other imatic event, I									oung			
Maryland 21215-0020	2 sh and is m		19e. Informant's Name/Ralationship (Typ					et and Number or F			itate, Zip Co	da)	
d)	and leeith m 27 her tu		Mrs. Shelby Kiser	(wife)	1221 21			Terrace,			2105	-	
0	F ite		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cramation 3 ☐ Re	amovel from State	Ce	metery,	isposition (Name of crematory or other p	olace)	Date	20c. Location - C			
altimore,	Pag ment ant: ury		4 ☐ Donation 5 ☐ Other (Specify)		Gre	en 1	dount Cre	matory	6/30/97	Baltimo	re, Ma	vryland	
Sall	permit. Pages 1 and 2 should be Department of Heelth and Menia Important: If item 27 is marked any injury or other traumatic evones.		21. Signeture of Funeral Service License	// _	_		22. Nama and Ad	dress of Facility	P Hama al	ROP Air	Tuo		
m	20119		Mattook	100			610 W. 1	ek Funera NacPhail 1	Rd. Bol	Air MD	2101	4	
			23a. Part1. Entar the disease, or complice shock, or heart failura. List only one	ations that caused	tha death.	Do not	enter the mode of o	tylng, such as cardi	ac or respiratory ar	rest,	Ap	proximete erval Batween	
	Physician /Medical Examiner		Immediate Causa (Final disease or condition resulting in death)				Ohanal	Λ			On	3y17	
	D #	iner											
	icate be executed physician and s the buriel-transit	Examiner	Sequentially list conditions,		Due to (or as a consequance of):								
,09	sian a		Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury c.	C									
87	physic the t	dicai	that initiated events resulting in death) Last	-	Due to (or	as a con	sequanca of):						
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2	offen offen for us	lan	- 0.										
-		/sic	Part II. Other significant conditions cont	ributing to death bu	it not resul	ting In th	e underlying cause	given in Part I.	23b. Dld t	obacco uae cont	ribute to the	e cause of death?	
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Ś	S 6	by								T			
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Vital	Attending Physician: The death. ector: After this certificate by the funeral director, pa	Be	25. Was case referred to medical examinar?						ath (Check only o	00)			
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	After funer	inol.	27. Manney of Death 1 ☑ Natural 5 ☐ Pending	28a. Date of Injur (Month, Day	Year)	28b. Tim tnju	ry V		28d. Describe h	ow Injury occurre	d		
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	ipital or ours aft oral Dir filled in		29a. Certifier 1 Certifying Physi	olon. To the best	d my te-	dad '	eath comment at the	time data and a					
	24 h	edicai	29a. Certifier (Check only one)	cian: 10 tha best of er: On the bests of and manner sta	examination	riedga, d on and/o	aath occurred at the r investigation, in m	time, date and plac y opinion, death occ	e, and due to the c surred at tha time, o	cause(s) and man date and place, ar	nar as state nd due to the	d. cause(s)	
	To the within 2 To the comple	Σ	29b. Signature end the of curtifier	200			29c. Lice	onse number		29d. Date signed	Month, Day	', Year)	
			Holen &	moldon		_	H	40583		6/30	192		
. ^	N		30. Nama and address of person who con	npleted causa of de	eath (Item	23a) (Ty	pe, Print)	,,,,	1 4 5 5	21			
12	2/		Stephen G. Incldoress	20213		norto.	1 Rd JI	114 Bel	Ai Md	21011			
	Sta Registr		31. Date filed (Month, Day, Year) JUL 0 2 1997	32. Registre	r's Signati	Jana	4.DEs						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month Krebs 7:41 AN John 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Johns Hopkins Bayren Medical Cente Baltimor 5. Social Security Number 7. Age (In yrs. lest birthday) If Under 1 Year If Under 24 Hrs. 9. Birthplace (State or Foreign M 20 F Maryland 212-10-6382 77 Usual Residence of Decedent 10b County 10c. City, Town or Location 10d. Inside City Limits Baltimore 1 ☐ Yes 2 X No Baltimore Maruland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21212 111 Dumbarton Road U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 △Yes 2 □ No If Yes, Give Year or Dates: WW II Wes Decedent of Hispanic Origin? (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married White 1 ☐ Yes 2 No Specify: 3 Wildowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Postal Worker U.S. Post Office 12th grade 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Krebs Tohn CULTRONS Agnes 19a. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Linda L. Butt (daughter) 5118 Whiteford Ave., Baltimore, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State | Burial 2 | Cremation 3 | Removal from State | Commetter, crematory or other place) | Donation 5 | Removal from State | Comment | Druid | Ridge | Maus oleum 7/2/97 Baltimore. Maryland 22. Name and Address of Facility Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236 cations that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, in cause on each line. Approximate Onset and Death Immediate Cause (Finel 24 hours disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last 2 months emphigorid Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings aveilable prior to 24a. Was an autopsy performed? completion of cause of death?

Physician /Medical Examiner

Physician

/Medical

Examiner

10a State

Funeral

Director

r than "natural", or items 23s or 28s-f show the Mexical Exeminer must be notified at

7 is marked other traumatic avent,

Department of Health ar important: if itam 27 is any Injury or other trau

Pages 1 and 2 should be nant of Haalth and Mental

Funeral Director

Be Completed by

the Maryland

filed within 72 hours after death with

21215-0020

Saltimore, Maryland

The law requires that the death certif P.O. Box Division of Vital Records,

Physician/Medical Examiner

Be Completed

Certification: To

Medicai

this certificate

To the Hospital or Attanding Physician: "within 24 hours after death."

To the Funeral Director: After this certifica filled in by tha funeral complataly

Perpheral Vascular disease Abdominal Aortic Dubetes 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Nnpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 2 Accident 5 Pending investigation 1 ☐ Yes 2 ☐ No 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier

Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. attending 29c. License number 29d. Date signed (Month, Day, Year) 29b. Signeture and title of certifier

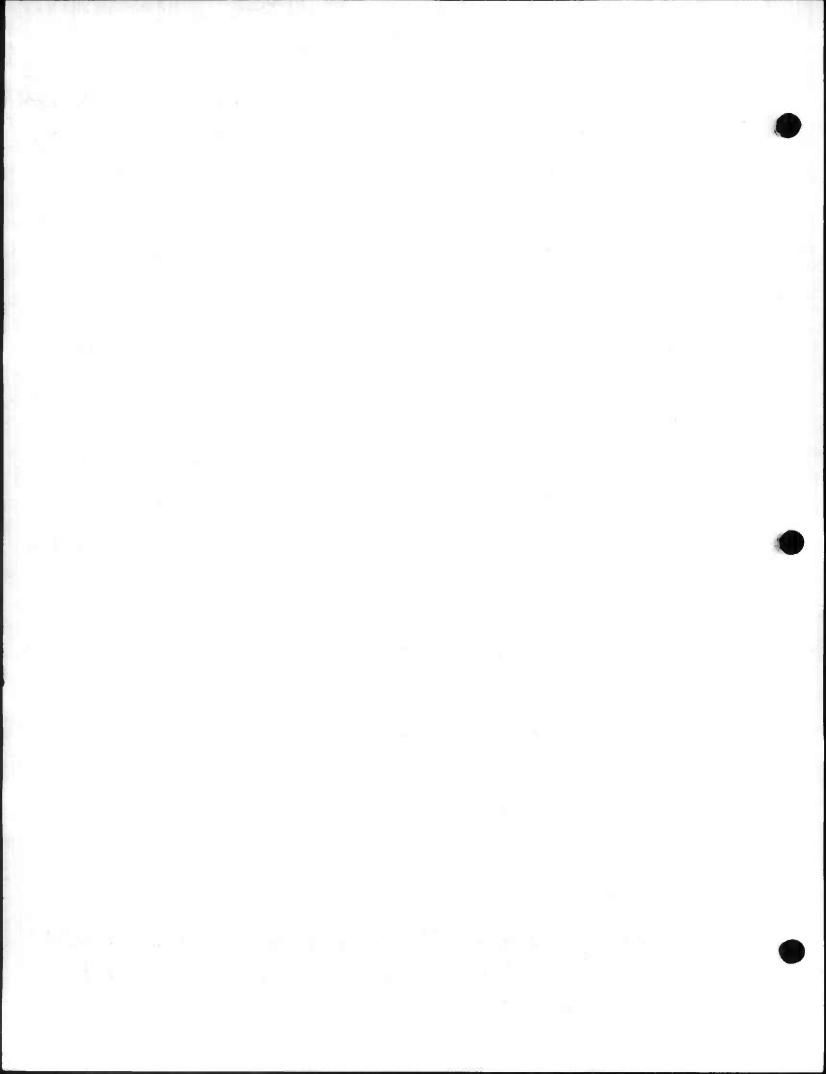
June 29, 1997

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)
LESLET WONG, 4940 Eastern AVC, Baltimore, MD 21224

State Registrar

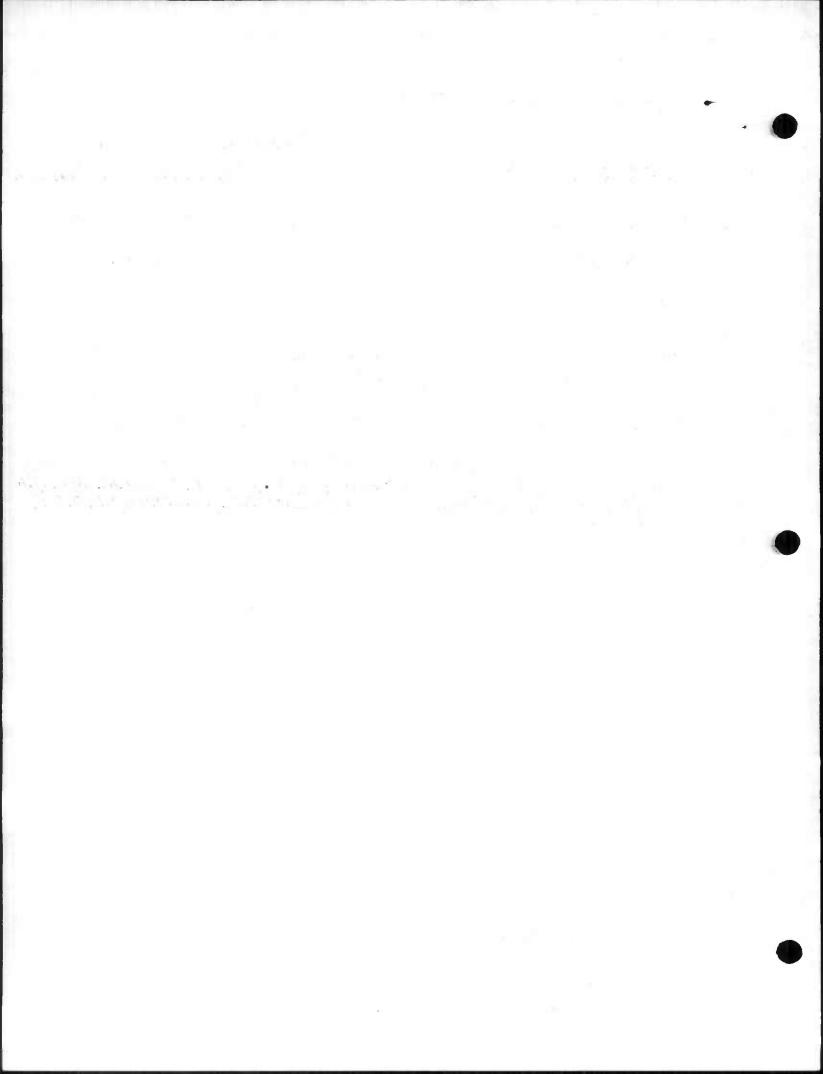
31. Dete filed (Month, Dav. Year) JUL 0 2 1997 32 Registrar's Signature

: Via Javidson-Rendall



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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deeth with the Maryland	4		10a. Stete 10b. County	100	c. City, Town o	r Location			•	10	d. Inside	City Limits
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Baltimore, Maryland 21215-0020 permit. Pages 1 and 2 should be filled within 72 hours after deeth with the Marylan Department of Health and Mental Hygiene. Important: If them 271 is marked or other than "naturel", or terms 23e or 28e-f show any Injury or which the small or other than "naturel".	T. E. VOL. III	2	1 Never Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 No If Yes, Give Yeer or Detes:		1□Yes 2対	No Specify:		Specify	BL	ACK	1
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end 2 salth a			DORIS J, SMITH	(NEICE	31	08 FIV	BERT ST.	BALTI	HORE.	HA	21	229
of Hear	5		20a. Method of Disposition	2	0b. Plece of Di	sposition (Neme or cremetory or other	1	BALTI	20c. Location -	City or Tov	vn, Stete	
Baltimore, Department of Hea Important: If Item			1 Burial 2 □ Cremation 3 □ Remo 4 □ Donetion 5 □ Other (Specify)	ovel from State	PRIT	US OF	YETERY V	-31-97	DORINI	US H	Delli	MIN
Balti Permit. Departm	DUCE.	ı	21. Signature of Funerel Service Licenses	0	your	22. Neme end Ad	YETERY Address of Fecility H H. BRO) -0	MALL	2001	IL	me PA
m ages	8		(Aura) IX	K	h-	JOSEP	H H. BKO	MINUK	. PUNC	OF WA	1101	5 17
		1	23a. Part I. Enter the disease, or complicati shock or heart failure. List only one c	ons thet ceused the	death. Do not	enter the mode of	dying, such es cerdiac	or respiratory err	est,	1	Approximation of the control of the	ere
Physici	an		and a result lands. Elst only one o	buse on econ line.							Onset end	
/Medic Examin	_		Immediate Cause (Finel diseese or condition	S	EPSIS	5					8 Hc	ours
Exami			resulting in death) e	Due	to (or es e con	sequence of):						
P +	<u> </u>	Cxammer	b. —							1		
t 68760, rifficate be executed ng physician and see the burdal-transit		Yes	Sequentially list conditions, if eny, leeding to immediate	Due	to (or es e con	sequence of):						
68760, ficate be expression as the builder			Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events									
687 ficate	2	Medical	resulting in death) Lest	Due	to (or es e con	sequence of):						
Box 68 leath certificate at the season of th			d									
		ruysiciatu	Part II. Other significant conditions contribe	iting to death but no	t reculting le th	a undadvina cours	airen in Port I	22h Did to	bacco use co	atelbuta to	the sever	o of death?
P.O. wat the de d by the detached		2	SEIZURE DISOR	_	_		_	230. Did to	/			Unknown
igned		Ś	SEITE DIST	100	EFILINII	A, 70-C				00.100	and the	
Cord								24a. Wes e	n eutopsy	24b. We	re autopsy	y findings
Hecc e law re has be	4 1	<u> </u>						perior		con	npletion of leath?	
The The sate has been		nation						1 □ Y	es 2 No	1 🗆	Yes 2	□No
Division of Vital Records, or attacked to a Attending Physicien: The law requires the after death. Director: After this certificate has been signed in by the funeral director, page 2 should be a full by the funeral director, page 2 should be			25. Wes cese referred to medicel exeminer?				26. Plece of Dea	th (Check only or	10)			
Of V Physic Physic this co		2	1 ☐ Yes 2 ☑ No Hosp	ital: 1 Inpafient	2 ER/Outpe	tient 3L DOA		ome 5 Reside	ence 6 🗆 Oth	er (Specify)	
DIVISION OF VITA for Attending Physicien: after death. Director: After this certification by the funeral director.		5 2	27. Menner of Deeth 2 1 ☑ Netural 5 ☐ Pending	8e. Date of Injury (Month, Dey Yea	28b. Tim Inju		njury et Work?	28d. Describe ho	ow Injury occur	red		
SiC tend the for: /		2	2 ☐ Accident investigation 3 ☐ Suicide 6 ☐ Could not be				I □ Yes 2 □ No					
DIVISION Attended after death Director:			4 Homicide determined 2	8e. Plece of Injury - building, etc. (Sp		street, factory, offi	ce	28f. Location (Si City or Town		er or Rurel	Route Nu	mber,
pital Surs Peral (29a. Certifier 1 Certifying Physicia	a. To the best of a		- 46 4 4 4						-
DIVISION To the Hospital or Attentivithin 24 hours after deat To the Funeral Director: Completely filled in by the			29a. Certifier 1	n: To the best of my On the basis of examend menner stated.	minetion end/o	r Investigetion, in m	ry opinion, deeth occur	red et the time, d	ate end place,	end due to	nea. the cause	(s)
vithin o the		9	29b. Signeture end title of certifier)		29c. Lic	ense number		9d. Dete signe		ley, Year)	
->-0			P Cerds	0		AS	2402321		06/25	97		
		1	30. Neme and eddress of person who compl	eted cause of deeth	(Item 23e) (Tvi							-
			DRORY TENDLER	SINAI 1	HOSPITA		LUEDERE \$	GREENSPI	ang an	E, BA	LTIMO	LE
	State	:	31. Dete filed (Month, Day, Yeer) JUL 0 2 1997	32. Registrer's S	Signature				-			
Reg	istra		20F 0.8 1931	The va	vidson-196	nde						



State of Maryland / Department of Health and Mental Hygiene 97

							Cer	tificate o	f Death			Reg. N	0.	1	L. U	O I I
Г	Dh		1. Decedent's Name (First, Mid								2. Dete of D	eeth	ey	Yeer		ne of Death
ı	Physic /Medi		WILLIAM	KIR	BA						JUNE		7 1	1997	3:	51 PM
q	Exami		4e. Fecility Neme (If not institut HARBOR	ion, give street and n HOSPITAL		ENTE	R		4b. City, To	wn, or Loc		ith 4	c. County			
	Funeral Director		5. Social Security Number 216-05-5353 Usuel Residence of Decedent	6. Sex 1 X M 2 □ F		In yrs. last birt 31	thday) Yrs.	If Under 1 Year Months Dey		Min.	8. Date of B (Month, D Aug	lay, Year		9. Birthp Cour Mary	ntry)	ate or Foreign
	Maryland a-f show	tor	10e. Stete 10b. Coun	n/a	10	oc. City, Town Baltin								1		de City Limits Yes 2 No
	h with the 23a or 28 art be not	Funeral Director	10e. Street and Number 1827 Light St	reet				10f. Zip Code 212				10g. Citizen of Whet C				
21215-0020	d within 72 hours effer death with the Maryland jiene. I then "natural", or Nems 23a or 28a-f show the Musical Examiner must be notified at	by	11. Merital Status 1 Never Married 2 X Ma 3 Widowed 4 Divorce	arried 1 Yes	Forces? s 2X No Give	er in U,S.	If	Ves Decedent o Yes, specify Cu ☐ Yes 2X N	iben, Mexican	i, Puerto R				ace - American Indien, eck, White, etc. White		n.
5-0	72 ho	Completed	15. Decede	ent's Education lest grade completed	d)	16e.	Deced	ent's Usual Occ	upation	t of working	n	16b. l	KInd of Bu	usiness/în	dustry	
121	S 3	mpk	Elementary/Secondary (0-12)	College	(1-4or 5+)	m.	life. D	O NOT use reti	red)	. Or Working		Ma	Maryland Shipya			n wall
d 2	를 찾을 본		17. Fether's Neme (First, Middle	e. Last)		1.	Lucr	c Drive		r's Neme	(First Middle		-		пру	ard
Maryland	d ie b	To Be	James Kirby		_				Mary	Mary Grace Mo			iddle, Maiden Surname) 100dy			
	d 2 strain at 1 strain		Doris L. Kirb)	196.	Meiling 827	Address (Stree Light	et and Numbe Street	or or Aurai , Bal	timor	e, M	or Town,	State, Zip 1230	(Code)	
Baltimore,	o to		20e. Method of Disposition 1 Burial 2 □ Crematlor Donetion 5 □ Other			cemeter	y, crem	ition (Name of atory or other p			Iy 1 997			city or To		
Bal	permit. Peg Department Important: h any Injury o		21. Stanature of Funerel Service	a Licensee	_		Mo	Name end Add Cully- 30 E. F	Polynia	ak Fu						alto.
	Physician		23a. Part Enter the diseese, shock or heert feilure. Li	or complications thet st only one ceuse on	t caused the eech line.	e death. Do n	ot ente	r the mode of d	ying, such es	cardiac or	respiretory	errest,		1	Approxi Intervel Onset e	lmate Between and Deeth
4	/Medical Examiner		Immediete Ceuse (Finel diseese or condition resulting in death)	θ	HYP	DTEN	VS	ION							20	HRS
L		nlner	resulting in death)			e to (or as a c		uence of):							10	EEK
90,	icata be axecuted physician and s the buriel-transit	I Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events	S CHI	Due to (or es e consequenca of):									YEARS		
Box 68760,	nding use as	an/Medical	thet initiated events resulting in death) Lest	d	Due	e to (or es e c										
O. E	death he atte	Physician	Pert II. Other significent condit	lone contributing to	death but n	ot resulting In	the un	derlying cause	given in Pert I.		23b. Dic	tobacc	o usa co	ntributa to	the cau	use of death?
7		by Phy	CONGESTIV	E HEI	ART	FAI	LU	RE			1 🖹	Yes	2□ No	3 Pro	bably	4 ☐ Unknown
of Vital Record	law maufi as beneam a 2 sthoo	Completed	CARCINON			\sim					24e. We	s en euto formed?	opsy	CO	ere eutop eilable pr mpletion deeth?	osy findings rior to of cause
B	0 - 0	E O	THYROTO	XICOSI	15						1 🗆	Yes 2	19No	10	□Yes	200 No
/ita		Be (25. Wes case referred to medic exeminer?	al	,				26. Place	of Death	(Check only	one)				
of	Physiclan: this certific ral director,	2	1 ☐ Yes 2 ☑ No		Inpatient	2 ER/Out		3L DOA			e 5 🗆 Res				y)	
Division	Ing Affer fune	ation	Z C MOOIDOIN	tigation	e of Injury onth, Day Yo	28b. T lr	ime of njury	28c. In W	ury et 'ork? □ Yes 2 □ I		3d. Describe	how Inju	иту оссил	red		
Divi	al or Att	Certification:	3 ☐ Suicide 6 ☐ Could deter	mined 289. Plac	ce of Injury Iding, etc. (5	- At home, fer Specify)	rm, stre	et, fectory, offic	а	28	Sf. Location City or To			er or Aura	il Route I	Vum <i>ber</i> ,
	To the Hospital or Attend within 24 hours after death To the Funeral Director: completely filled in by the	edicai	29a. Certifier 1 Certify (Check only one) 1 Medica	ing Physician: To the I Examiner: On the and ma	ne best of m basis of ex anner stated	aminetion end	deeth Vor Inve	occurred et the estigetion, In my	time, date and opinion, deat	d plece, an	d due to the	e ceuse(s e, dete en	s) and ma nd pleca,	anner as si and due to	teted. the ceu	se(s)
	To the To the com	Σ	29b. Signeture end title of certif						nse number					d (Month,		
				mon					2441	614-	38	50	NE,	27.	19	97.
	10		30. Neme end eddress of person	AS, HAR	use of deetl	HOS	Type, P									
	Sta Registi		31. Dete filed (Month, Day, Yea	7) 32	Registrer's	Signeture	date									

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JUL 02 1997

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						Ce	rtificate o	of Death		Reg. No.				
			1. Decedent's Name (First, Mid	dle, Last)					2. Date of De		V	3. Time of Death		
	Physic /Medi		Raymond	Leag	ue					30, Dey 1997	Year	7:19 A.M		
	Exami		4e. Fecility Neme (If not instituti	ion, give street end	number)			4b. City, Town, or						
			North Arundel	Hospita	1			Glen Bu	rnie	Anne	Arund	iel		
	Funeral Director		5. Social Security Number 218-12-3313 Usual Residence of Decedent	6. Sex 1⊠ M 2□		: lest birthdey) Yrs.	If Under 1 Ye Months Day		. (Month, De	th ey, Year) 3, 1924	9. Birtho Cour Mary	place (State or Foreign http) 1and		
	pue **		10e. State 10b. Count	ty	10c. C	ity, Town or Lo	cation		<u> </u>		1	I Od. Inside City Limits		
	Mary H sh	to	Maryland Anno	e Arundel	. E	Baltimo	re					1 ☐ Yes 2 ☑ No		
	death with the Maryland rms 23a or 28a-f show r mast be notified at	Director	10e. Street end Number				10f. Zlp Code	9		10g. Citizen of	10g. Citizen of What Country?			
	23a xust	To To	139 Carbel Bea	ach Road				21226			ed St	ates		
21215-0020	or its	by Funeral	11. Meritel Status 1 Never Married 25t Me 3 Widowed 4 Divorce	Armed	Decedent Ever in U 1 Forces? es 2/1/No Give or Detes:		Was Decedent of f Yes, specify C 1 ☐ Yes 2,☐ N	of Hispanic Origin? (uban, Mexican, Pue lo <i>Specify:</i>	Specify Yes or No rto Rican, etc.)	Specil	ce - Americ ick, White, fy: Wh			
5-0	2 mm 3	Completed	15. Decede	ent's Education est grade complete	ed)	16a. Deced	ient's Usual Occ	Occupation 16b. Kind of Business/Industry						
121	within plene. r than	du	Elementery/Secondary (0-12)		e (1-4or 5+)	life.	DO NOT use ret	ne during most of wo ired)	, in it					
		ပိ	12			Mach	ine Ope			Glass Factory				
Maryland	s 1 and 2 should be filed f Health and Mental Hygi frem 27 is marked other other traumatic event,	Be	17. Fether's Neme (First, Middle						me (First, Middle		ne)			
Ž	should be ind Mental I	ဥ	Raymond Alber		9		-12-74 - III - 18-9		ha May G					
Ma	0 6 9 5		19a. informant's Name/Relation Mrs. Roberta		fo			eet and Number or Re each Rd. I			, <i>S</i> tete, <i>Zip</i> 21226			
	1 and Health em 27 ther tr		20a. Method of Disposition	beague/ Wi			sition (Name of		Date	20c. Location				
Baltimore,	Pages nent of nt: If it iry or o		1 ☐ Burlei 2 ☐ Cremation	3 Removal from	om State	cemetery, crer	netory or other p	olece)	0.0111					
Ħ	rtmer rtant njury		4 Donation 5 Other (- I A Day of the second	Mea			Pk. July	3, 1997	Elkri	dge,	Maryland		
Ba	permit. Pages 1 and 3 Department of Health Important: if Item 27 I any Injury or other tr once.		21. Signeture of Funeral Service	bawy	5	K:		Ruddick Full Hwy., S.				21061		
			23a. Pert1. Enter the disease, of shock, or heart failure. Lis	or complications th	at caused the dea						, FID	Approximate		
	Physician /Medical		Immediate Cause (Final disease or condition	st only one cause t	seach line.		Dent	b			i I I	Onset and Death		
	Examiner	L	resulting In deeth)	a	Due to (or es a consec	uence of):	0 0 1	Λ -			0		
	bed nsit	Examiner												
	ertificate be executed ling physician and e as the burial-transit	xar	Sequentielly list conditions, if any, leading to Immediate		Due to (or as a conseq	uence of):	- 1-1	1	De		10		
2	slclar buri	le	if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events	c	allu	veels	con c	nedro	valdu 1	mina	e	10 year		
68760,	ficate phy as the	Medical	resulting in deeth) Last		Due to (or as a conseq	uence of):				1	0		
×	nding use a	Z		d										
Bo	death ce	Icla	Pert II. Other aignificant condit	lone contributing to	n death but not re-	culting in the u	oderhina ceuce	given In Part I	23h Did	toheooo une oo	antellarita te	the cause of death?		
P.0	thet the death cer ed by the attendin detached for use	Physician/	C1 0 -1		//	solding in the di	idenying cause	given in Fait i.		Yas 2□ No		bably 4 Unknow		
	es the gned be de	by F	urn	mini	uni	wy	ry .							
Vital Records,	law requires thet the death or es been signed by the attend s 2 should be detached for us	Completed	Chim	ni Ulbe	ludie	Pulm	my	Pruse.	24a. Was	en autopsy ormed?	av.	ere autopsy findings allable prior to mpletion of cause death?		
al Re	w E =		Mal	ligning	t M	elnu	un.		10	Yes 2⊠No		☐Yes 2☐ No		
3	ician: The partificate actor, pag	Be	25. Was cese referred to medic examiner?	ei () Hospital:					ath (Check only	one)				
6		70	1 ☐ Yes 200 No	1		ER/Outpatler	1 3LI DON		Home 5 Res			N)		
	2 Q 5	lon	27. Menner of Death 1 ☑Netural 5 ☐ Pend		ate of Injury fonth, Dey Year)	28b. Time of Injury	28c. in		28d. Describe	how Injury occur	rred			
Division	d of the	Certification:	3 ☐ Suicide 6 ☐ Could	mined 200. Pl	ace of Injury - At h	nome, farm, str		Yes 2 No	28f. Location (City or To		ber or Rura	al Route Number,		
۵	portal or cours aft serial Dis						occurred at the	time, date and place			enner en al	tetod		
	To the Hospital Within 24 hours To the Funeral I completely filled	fedical	one) 2 Medica	and m	e basis of exemine nenner stated.	etion and/or inv	estigation, in m	y opinion, deeth occ	urred at the time,	date end plece,	and due to	the ceuse(s)		
	T v v v v v v v v v v v v v v v v v v v	Σ	29b. Signature and title of certifi	er /	1			ense number	,	29d. Date algne				
	. 0		- Mulul	1 lour	nly			21703		June 3	0, 19	97		
	10		30. Name and address of person Michael F. Garr	/ /	//			Rd., Sui	te l, Pa	sadena,	MD	21122		

State Registrar

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State of Maryland / Department of Health and Mental Hygiene

		Decedent's Name (First, Middle, L	actl		Cer	tificate of	Death	2. Date of De	Reg. No.	1	20016			
Physic	ian	CHRISTOPHER	i	10	MAX			Month	Day 28	Year	3. Tima of Deeth			
/Med		4a. Facility Name (If not Institution, g	ive street and number		MAN		4b. City, Town, or L	06		97	4:10 PM			
Exami	ner	HILLIAN TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TO THE TOTAL TOTAL TOTAL TOTAL TOTAL TO THE TOTAL	PITAL	17			BALTIMO		h 4c. County					
Funera			Sex 7.7	Age (In yrs. las	t birthday)	If Under 1 Year	If Undar 24 Hrs.				otaca (State or Foreign			
Director		214-76-1455 Usual Residence of Decedent	10XM 2□ F	34	Yrs.	Months Days	Hours Min.	8. Data of Bi	,1963	BALT	TMORE, MD.			
Marylend of show		10a. State 10b. County		10c. City, 1	Town or Loc	cation				1	10d. fnside City Limits			
the Maryle 28s-f shor	jo	MARYLAND		BAL	TIMOR	RE					Yos 2 No			
death with the M	Funeral Director	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Cou	ntry?			
th wil	ai	528 N. CARROLLTO	N AVE			21223			USA					
r dea	Inel	11. Marital Status	12. Was Decedar Armed Forces	t Evar in U,S.	13. W	Vas Decadent of H	lispanic Origin? (Sp an, Maxican, Puerto	ecify Yas or No)- 14. Rac	ce - Americ	can Indian,			
hours efter ural', or ite		1 Never Married 2 Married	1 Tes 2 if Yes, Giva	No		☐ Yes 2 No	Specify:	Thous, oto.,	15000					
72 hours natural',	d by	3 M Widowad 4 □ Divorced	Year or Dates						Specif	AFK	O AMERICAN			
nat nat	Completed	15. Decedent's I (Specify only highest g.	ducation ada com <i>pleted)</i>	1	16a. Deced	ent's Usuel Occup and of work done	eation during most of work d)	ing	16b. Kind of B	usiness/In	dustry			
withii than	ğ	Elementery/Secondary (0-12)	College (1-4o	r 5+)		ANIC	2)	AUTO MECHANIC						
al Hygicother other	Ö	17. Father's Name (First, Middle, Las	t)		112011	711120	18. Mother's Name	e (First, Middle			MIC			
id be ental ked o	To Be	FRANK LOM	AX				GERALDI		MAX	,				
should b nd Mente marked umatic e	-	19a. Informant's Name/Relationship			19b. Mailing	Address (Street	end Number or Run			Stata. Zin	Code)			
nd 2 :		GERALDINE LOMAX					LTON AVE,							
ges 1 and 2 should be filed wir t of Haalth end Mental Hygienu If Itam 27 Is marked other th or other traumatic event, the		20a. Method of Disposition		20b. Plac		ition (Neme of etory or other plea		Date	20c. Location					
Pege ent on ry or		1	□Removal from Stat fv)					/3/97	APRIITIIS	МЛ	DVIAND			
permit. Peges Department of I Important: If Its any Injury or of pnce.	3	1 No Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) ARBUTUS MEMORIAL PARK 7/3/97 ARBUTUS, MAR 21. Signature of Feneral Service Licensee ESTEP BRUTHERS: FUNERAL HOME, P. A. 1300 EUTAW PLACE, BALTIMORE, MARYLAND												
Departiment Important		Iland W	1 /6	1/						/I AND	01017			
		23a. Part1. Enter the photos or cor shock, or hand failure. List only	plications that caus	ed he death. I	Do not ente	r the mode of dyir	PLACE, D	or respiratory e	rrest.	LAND				
Physician		shock, or heartfailure. List only	one cause on each	Вис.						i	Approximete Intervel Between Onset and Death			
/Medical		immediate Cause (Finel disaase or condition	Pr	NEUMO	NIA					1	1 week			
Examiner		resulting in death)	a	Due to (or as		ienca of):				1				
D #	iner		. A	HOS							5 years			
and trans	Examiner	Sequentially list conditions,	D	Due to (or as	s a consequ	enca of):								
oe axe cian s		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	0											
tificate be asscuted og physician and es the burial-transit	dice	that initiated avents resulting in death) Last	U	Dua to (or as	a consequ	ence of):				1				
ath certificate be asscuted ittending physician and or use es the burial-transit	Physician/Medical		d											
ath cer attendir for use	ian													
7	ysic	Part II. Other significant conditions	contributing to death	but not rasuitin	ng in the un	derlying cause giv	en in Pert I.	23b. Dfd	tobacco use co	ntribute to	the causs of death?			
D 10								10	Yes 2 No	3 Pro	bably 4 Unknown			
係點	d by							24a Was	an autopsy	24h W	ere autopsy findings			
Should should	ete							perio	rmed?	SV CO	alteble prior to mptetion of cause			
The lay	Completed										death?			
		25. Was case referred to medical							Yes 2□No	1[Yes 2 No			
	To Be	examiner?	Hospitel:	iont OFF	/Outpatient	2□ DOA Oth	er: ADALLIST III			- 100 10				
F F E		27. Manner of Death	28a. Date of Inj (Month, D		b. Time of	3 DOA 28c. Injun	4 Li Nursing no		how injury occur		y)			
Attending is death.	tio	1 Matural 5 ☐ Pending 2 ☐ Accident investigation		ey Year)	Injury		k? Yes 2□No							
or Attendiate death Director: A	Ifica	3 ☐ Suicida 6 ☐ Could not be determined	286. Placa of if	jury - At homa	, farm, stree	et, factory, office	V	28f. Location (Street and Numb	er or Rura	I Routa Number,			
s after s afte	Certification:	4 Homicige	building, e	tc. (Specify)				City or To	vn, Steta)					
Hospital 24 hours Funeral stely filled	al	29a. Certifier 1 Certifying PI	ysician: To the best	of my knowled	dge, death	occurred at the tim	ne, date and placa,	and due to the	cause(s) and me	enner as s	tated.			
n 24 n 24 ne Fu	edical	(Check only 2 Medicat Example one)	niner: On the basis of and manner s	of exemination tated.	end/or inve	stigation, in my o	olnion, death occurr	ed et the time,	date end plece,	and due to	the cause(s)			
To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by the	X	29b. Signature and title of counties	//			29c. Licens	a number		29d. Data signe	d (Month,	Dey, Year)			
	1	Seen M.	inter	AM		100	733		6/281	97				
6		30. Name and eddress of person who	completed cause of	death (Item 23										
-		SEAN M. CURTI	N,MD	20 5	. GRE		. BALTI	MORE.	MD 3	2120	1			
Sta	ite	31. Date fijed (Morth, Day Year)	32. Regis	rer's Sigherure	2 00									

DHMH 16 Rev 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene 97 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Death Month Marie Angela Mullaney 24, June 1552 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Atlantic General Hospital Berlin Worcester If Under 1 Yeer Months Deys If Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Dey, Year) July 6, 1914 6. Sex 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) 10M at F 82 Yrs. Maryland 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Sussex Dagsboro 10f. Zip Code 10g. Citizen of What Country? RR.3, Box 56 A 19939 U.S.A. 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 Ø No if Yes, Give Yeer or Detes: 14. Rece - American Indian, Bleck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Never Merried 2 ☐ Merried 1 ☐ Yes 2 No Specify: Specify: White 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Coilege (1-4or 5+)

Director Funerai þ Completed

Physician

/Medical

Examiner

Funeral

Director

5. Sociel Security Number

10a State

Delaware

11. Meritei Stetus

10e. Street end Number

213-01-0993-A

Usuei Residence of Decedent

3 Nidowed 4 Divorced

Elementary/Secondery (0-12)

17. Father's Neme (First, Middle, Last)

19a. informant's Neme/Reletionship (Type, Print)

4 ☐ Donetion 5 ☐ Other (Specify)

21. Signeture of Funerel Service Licenses

Steve Makowski (Son-in-Law)

1 Buriel 2 Cremetion 3 Removel from State

Crist

12th grade

Henru

20e. Method of Disposition

10b. County

with the Meryland permit. Peges 1 and 2 should be filed within 72 hours efter death with the Merylen Depertment of Heelib and Mentel Hyglene.
Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examine must be notified at

3altimore, Maryland 21215-0020

Physician /Medical Examiner

hes To the Hospital or Attending Physician; within 24 hours effer death.

To the Funeral Director; After this certific; completely filled in by the funeral director,

E

Division of Vital Records, P.O. Box 68760,

immediete Cause (Finel diseese or condition rasulting in deeth) Sequentielly list conditions, if eny, leeding to immediata cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Physician/Medical þ Completed 27. Manner of Deeth

Certification: edical

arci home 25. Wes case referred to medical exeminer? 1 Yes 2 Ne 1 Natural 5 Pending Investigation 2 Accident 6 Could not be determined 3 Suicide 4 Homicide 29e, Cartifier (Check only one) 29b. Signature and title of certifier 30. Nema end eddress of parson who completed cause of deeth (item 23e) (Type, Print)

31. Dete filed (Month, Dey, Year) JUL 0 2 1997

MD. MARTINS 32. Registrer's Signature www. Davidson-Randelles

Cers

Hospital: 1 ☐ Inpatient 2 ☐ E#/Outpatient 3 ☐ DOA

Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

28b. Time of

171)

28e. Dete of tnjury (Month, Dey Year)

Homemaker Own Home 18. Mother's Neme (First, Middla, Maiden Surname) Lillian 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) 9603 Trepid Road, Baltimore, MD 20b. Piece of Disposition (Name of cemetery, cremetory or other piece) 20c. Location - City or Town, State

Oak Lawn Cemetery 6/28/97 Baltimore, Maryland 22. Name end Address of Fecility 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line.

Due to (or es e consequence of)

Pert tt. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

28c. injury at Work?

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

21236

24e. Wes an autopsy parformed?

24b. Were eutopsy findings available prior to completion of cause of death?

26. Place of Death (Check only one)

1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

1 ☐ Yes 2 ☐ No

28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 1 Certifying Physicien: To the best of my knowledge, daeth occurred at the time, dete end piece, and dua to tha cause(s) end mennar as stated.

2 Medical Examiner: On the basis of axamination end/or investigation, in my opinion, deeth occurred at the time, dete and piece, end due to the cause(s) and menner stated.

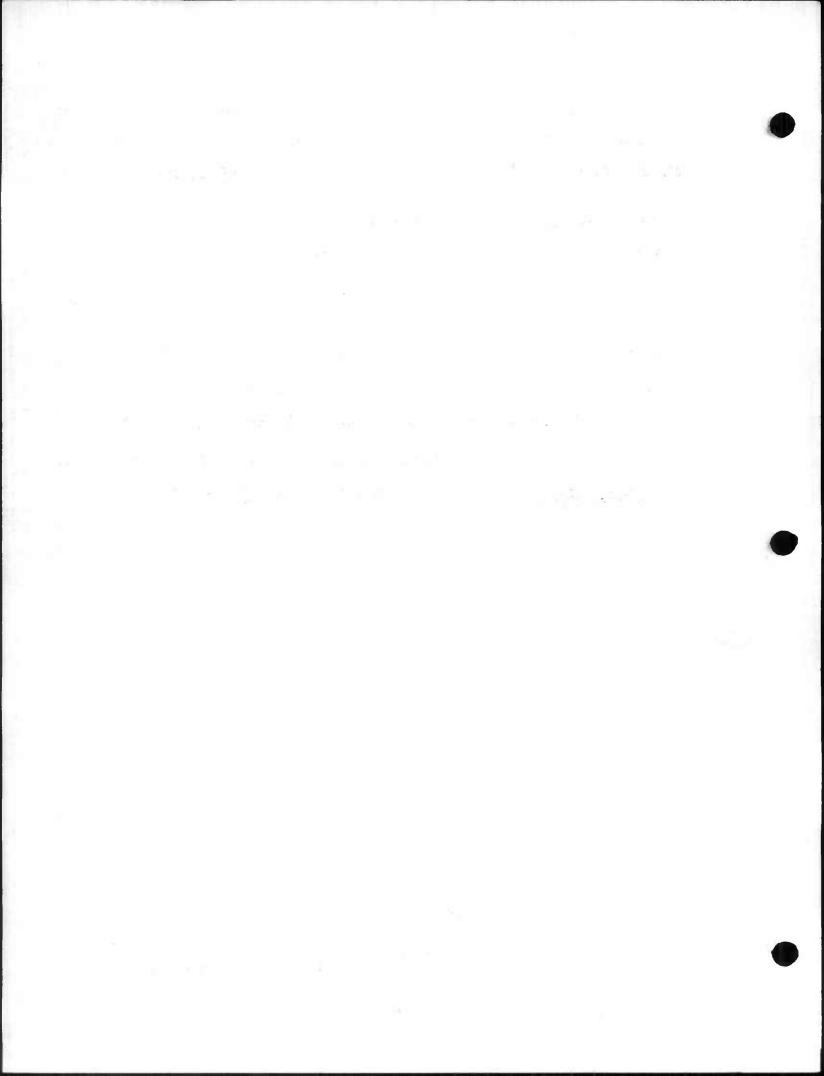
> 29c. License number 29d. Dete signed (Month, Dey, Year) D21066

Atlantic General Hospital Berlin, Maryland

DHMH 16 Rev 6/95

State

Registrar



State of Maryland / Department of Health and Mental Hygiene 97 20010

					Cei	tificate o	f Death		Reg. No.	1 0	20010				
Physicia		1. Decedent's Neme (First, Middle		-				2. Dete of D Month	eeth Dey	Yeer	3. Time of Deeth				
/Medica		Elizabeth	Wegt	3CT				300		1997	12:45 pm				
Examine		4e. Fecility Neme (If not institution,	give street end nur	nber)				r Location of Dea	th 4c. County	of Deeth					
	J	Good Sam	aritan				Balt	more	Balt	more	= City				
Funeral Director		5. Sociel Security Number 216–14–7469	6. Sex 1 □ M 2 1 F	7. Age (In yrs. I 74	lest birthday) Yrs.	If Under 1 Year Months Dey			irth 19, 1922	9. Birthple Count Mar	ece (Stete or Foreign ry) yland				
P .		Usuel Residence of Decedent		10.00	-										
72 hours after death with the Maryland natural, or items 23a or 28a-f show arei Enaminal must be notified at	Funeral Director	MD 10b. County N/A			timor					10	od. Inside City Limits Yes 2 □ No				
th th	i e	10e. Street end Number				10f. Zip Code			10g. Citizen of	Whet Count	ry?				
th wi	a	1246 Glenhaven	Rd.			21	239		US	A					
dea	ner	11. Maritel Status	12. Wes Deca Armed Fo	dent Ever in U,	S. 13. V	Vas Decedent of	Hispenic Origin?	(Specify Yes or N	0- 14. Rac	ce - America					
s 1 and 2 should be blied within 72 hours after death with the Maryler Health end Mertal Hyglene. If Health end Mertal Hyglene. If the marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Evarring must be notified at	þ	1 ☐ Never Married 2 Marrie 3 ☐ Widowed 4 ☐ Divorcad		2 ⊠ No e		Tes, specify Co		erto Alcan, etc.)	Specify	te					
atur	Completed	15. Decedent'	s Education		16a. Deced	lent's Usuel Occ	upetion		16b. Kind of B	usiness/Indi	ustry				
Med	pie	(Specify only highest Elementery/Secondary (0-12)	College (1	-40r 5+)	life. L	kind of work don DO NOT use reti	e during most of w red)	orking							
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end Mental s marked o aumatic eve	2	Charles Senne	r				Anna I	Haske							
md Men		19e. Informent's Name/Reletionsh	ip (Type, Print)		19b. Mailin	g Address (Stre	et and Number or i		ber, City or Town,	Stete, Zip i	Code)				
and 2 saith e 1 27 is		Donald R. Med	tart				wood Ave								
Health tem 27 other tr	-	20e. Method of Disposition		20b. PI	lece of Dispo	sition (Name of		Dete			wn, Stete				
D O		20e. Method of Disposition 1 Na Buriel 2 Cremation 3 Removel from Stete 4 Donetion 5 Other (Specify) 20b. Place of Disposition (Name of cametery, crematory or other place) 20c. Location - Circle Color (Name of cametery, crematory or other place) 20c. Location - Circle Color (Name of cametery, crematory or other place) 20c. Location - Circle Color (Name of cametery, crematory or other place) 20c. Location - Circle Color (Name of cametery, crematory or other place) 20c. Location - Circle Color (Name of cametery, crematory or other place) 20c. Location - Circle Color (Name of cametery) 20c. Location - Circle Color (Name of cameter) 20c. Location - Circle Color (Name of													
Department of Her Important: If item any Injury or othe	-	21. Signeture of Funerel Service Licensee 22. Name and Address of Facility													
Depenting Imports any Inju		ALTENBURG FUNERAL HOME, P.A. 6009 Harford Rd., Baltimore, MD 21214													
TU = 8 0		ALTENBURG FUNERAL HOME, P.A. 6009 Harford Rd., Baltimore, MD 21214													
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Medical		-	30 m 10												
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2 st	ğ									of d	eeth?				
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ector, page	0	25. Was case referred to medical					26. Place of D	eeth (Check only							
s cert direct	0	examiner? 1 ☐ Yes 2 ☐ No	Hospitel:	patient 2	ER/Outpetien	3□ DOA O	Whor:	Home 5 ☐ Res		or (Spenit)	1				
		27. Manner of Deeth			28b. Time of	28c. Inj		1	how injury occur		,				
After		1 ☐ Neturel 5 ☐ Pending 2 ☐ Accident Investiga		h, Dey Year)	Injury		ork? ⊒Yes 2 ⊒No								
daar ctor	Ca	3 ☐ Suicide 6 ☐ Could no	ot be	of Injuny - At hor	me form etre	et, fectory, office		28f Location	(Street and Numb	ner or Rural	Route Number				
Direction by	Certification:	4 ☐ Homicide determin		g, etc. (Specify,		et, rectory, office			wn, Stete)	o. or murer					
Funer fely fill	edicai	(Check only 2 Medical E	Physician: To the laxaminer: On the ba	sis of examineti	vledge, deeth	occurred et the estigation, in my	time, date end plea	ca, end due to the	ceuse(s) and ma	inner as sta	ated. the cause(s)				
within 2 To the comple		one	and menn	er steted.											
To		29b. Signature end title of certifier	0.0		. ~	29C. LICO	nse number	_	29d. Dete signe						
1		Thomas	Home	200	wo	D	20182	>	June	261	199				
10	30. Neme and eddress of person who completed cause of death (Item 23e) (Type, Print)							The 26,1997 Rd Olmbia, MD							
1 /	4	Thomas I.	RUSS 1,1	3	1080	5 the	dory p	hide P	12 61	idmo	a, mo				
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DHMH 16 Rav 6/95

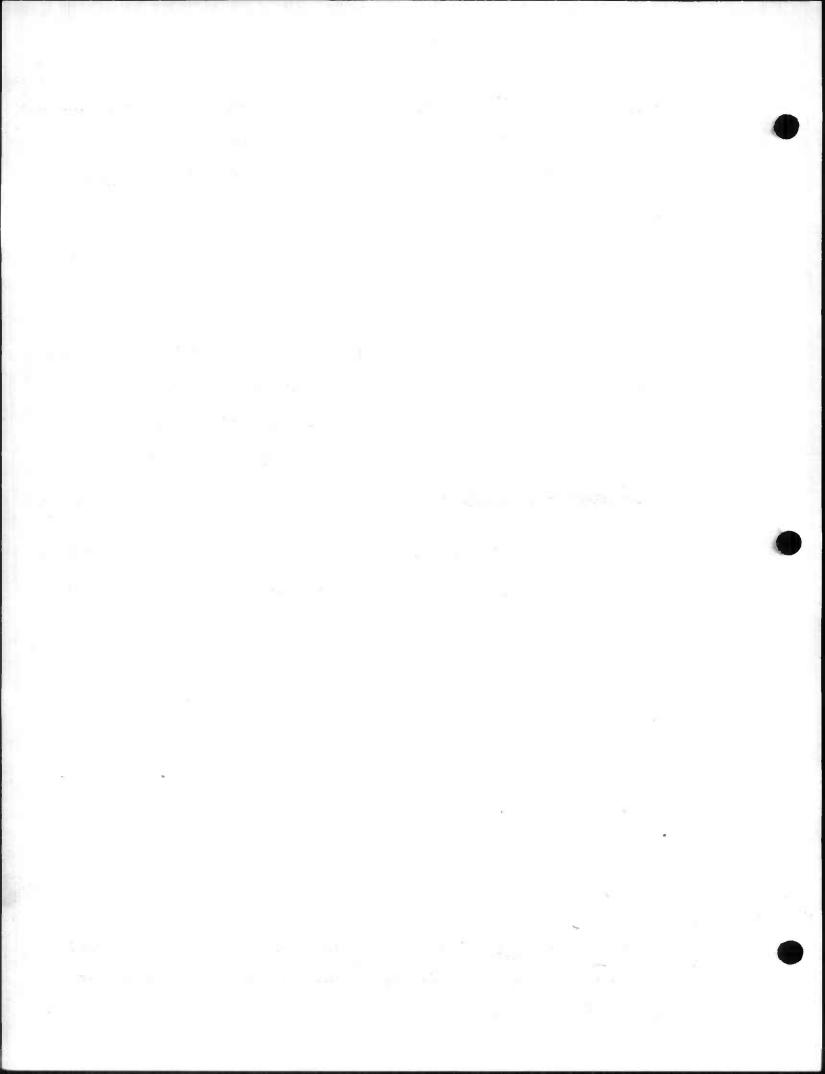
Registrar

The property of the first term of the

State of Maryland / Department of Health and Mental Hygiene 97 20019

							Ce	rtificat	e of	Death			Reg. No.			
	Dhyola	100	1. Decedent's Name (First, M									2. Date of De	eath Day	Year	3. T	ime of Death
	Physic /Medi		HLPHON!	SE	J	Mo	NES	KI				June	30	1997	2	12.02 h
	Exami		4a. Facility Name (If not institu							-		ocation of Deat	h 4c. 0	County of Death		
			Johns Hopk	-		ew		- single-con		Balt				N/		
	Funerai		5. Social Security Number	6. 5	ex OXM 2□F	7. Age (In yrs.		If Under Months		If Under Hours	24 Hrs. Mirs.	8. Date of Bir (Month, De OCT. 8	th	9. Birthp	place (S	State or Foreign
100	Director		219-03-0597		AM ZUI	76	Yrs.	_0,134,135	1 15000	John St.	370000	Oct. 8	,1920	Mar		
	and *		Usual Residence of Deceden 10a. State 10b. Cou			10c, Cit	y, Town or Le	ocation								side City Limits
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į	28a	20	10e. Street and Number					10f. Zip	Code				10a Citiz	en of What Cour		-
3	N N	ā	430 S. Bonsal	. Stı	reet			101. 21	212	24					iny i	
1	s 1 and 2 should be filed within 72 hours after death with the Maryland f Health and Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f ahow other traumetic event, the Medical Examiner must be notified at	Funeral Director	11. Marital Status		12. Was Deci	edent Ever In U	.S. 13.	Was Dece			iain? (Sp	ecify Yes or No		S.A. 4. Raca - Americ	can Ind	ian.
0	The rest	Fur	1 Never Married 2 ☑ I	Married	Armed Fo	rces?						ecify Yes or No Rican, etc.)		Black, White,	etc.	
21215-0020	urs a	by	3 ☐ Widowed 4 ☐ Divor		1 ☐ Yes If Yes, Giv Year or D	ates:		1 ☐ Yes	₽ ZNo	Specify:	:		3	Specify: Whit	te	
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nd	N OFF	Be (17. Father's Name (First, Mide							18. Moth	er's Name	e (First, Middle	, Maiden S	Su <i>m</i> ame)		
yla	should be filed within and Mental Hygiene. s markad other than " turnatic event, the Ve	2	Peter Moni	ewsk	<u> </u>					Ca	roli	ne z	Zagata	a		
Maryland	and and series		19a. Informant's Name/Relati											Town, Stete, Zip	Code))
	Health em 27		Mildred Mones	K1/W	ite					Stre	et,B	altimor	re, Md	21224		
Baltimore,	t. Page tment or tant: if jury or		20a. Method of Disposition XX Burial 2 □ Cremati	on 3 [Demoval from		Place of Dispo cemetery, cre	osition (Nar ma <i>tory</i> or o	ne of ther pla	ce)	1	Date	20c. Loc	ation - City or To	wn, Sta	ate
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alt			21. Signature of Funeral Conv	ice Licer	100	1	2	2. Name ar	d Addre	ss of Facili	ity					
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			23a. Part1. Enter the disease shock, or heart feilure.	, or com	olications that c	eused the deat								Ī	Appro	oximate ral Between
P	hysician													1	Onset	t and Death
	/Medical Examiner	П	Immediate Cause (Final disease or condition			neumo	nia								7	Pays
١ '	zxammei	L	resulting in death)		a.		or as a conse	quence of):				-				
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	be executed total and burial-transit	Examiner	Sequentially list conditions,		D	Due to (o	r as a conse	quence of):				1				bleslar
9	clan		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events	1	c									-		
68760	13	edical	that Initiated events resulting in death) Lest	1		Due to (o	r as a consec	quence of):						i		
×	- C	ĮΣ		L	d											
å F	1 12	jan														
0		Physician	Part II. Other significant cond	litions o	ontributing to de	eath but not resi	ulting in the u	inderlying o	ause giv	en in Part	l.			se contribute to	o the ca	nuse of death?
4	486		Bladdur	Car	cinoma							18	Yes 2	No 3□ Pro	bably	4 Unknow
Vital Records,		d by										24a Was	an autops	24h W	ere aut	opsy findings
ecords	been si	ete											ormed?	av co	allable mpletio	prior to on of cause
Rec	2 C	Completed													deeth?	
a B												10	Yes 2	No 1[Yes	2 No
of Vita	certifica rector,	Be	25. Was case referred to med examiner?	cal	Hospitel:				Oth	an:		h (Check only o				
o a	this (aldir	. To	1 ☐ Yes 2 € No 27. Manner of Death		1 🖭		ER/Outpaties 28b. Time o		/A _	4 🗆 140		me 5 Resi 28d. Describe		Other (Specif	y)	
uo g	After funer	tou	1 ■Naturel 5 □ Per	nding estigation	(Mont	th, Day Year)	Injury	м	8c. Injur Wor	rk? Yes 2□		200. 0000100	riow injury	00001100		
Vision	after death. Diractor: Al	Certification:	3 ☐ Suicide 6 ☐ Cor	ild not be		of Injury - At ho	ome farm st					28f. Location (Street and	Number or Rure	al Route	e Number
Division	Dirac Dirac	ert	4 Homicide	ermined	buildi	ng, etc. (Specify	y)	001, 100101	, 011100			City or To				
- Indian	within 24 hours after To the Funeral Dir.		29a. Certifier 1 Certi	vina Ph	vaician: To the	hest of my know	wledne deat	h occurred	at the tir	me date en	nd place	and due to the	Called(s) a	and manner as s	tated	
2	Fur etely	edical		al Exam	Iner: On the be	esis of examine	tion end/or in	vestigation	, In my o	pinion, dea	th occurr	ed et the time,	date end	place, end due to	o the ca	ause(s)
2	om this	Me	29b. Signature and title of cert	ifier				290	. Licens	e number			29d. Date	signed (Month,	Day, Y	'ear)
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	Ψ		THOMAS HENN		BAYUL	EW MED	CAL C	ENTR	R, 4	140 E	ASTE	RNAVEN	ue i	MD 212	24	
	Sta	ate	31. Date filed (Month, Day, Ye		9 32. R	egistrar's Signe	ture									
	Registi		JUL 0 2 1997		guia A	widson-Aa	indate.									

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Coples Are Legible. State of Maryland / Department of Health and Mental Hygiene 20020 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 28 Day JUNE 8:10 ANCES 4a. Fecility Name (If not institution give street end number) MARUANO OENERAL 4b. City, Town, or Location of Deeth 4c. County of Deeth BALTIMORE BALTIMORE CITY If Un r 2 Hrs. 5. Social Security Number If Under 1 Year 8. Dete of Birth (Month, Dey, Year) July 31, 1912 7. Age (In yrs. lest birthday) 9. Birthplace (State or Foreign Hours 1□M XXF SHI'V 295-16-3088 Yrs. 84 Usual Rasidence of Decedant 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1XXes 2□ No N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1312 S. HIGHLAND AVENUE 21224 U.S.A. 12. Was Decedant Ever In U,S. Armed Forces? 1 ☐ Yes 2 Ñ No If Yes, Give Year or Detes: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, atc. 11. Marital Status 1 Never Married 2 Married 1 Yes 2 No Specify: Specify: 3 Widowed 4 □ Divorced WHITE 15. Decedant's Education (Specify only highast grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) LABORER GRAFLIN BAG CO. 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meidan Sumeme) JOSEPH LEROY WHITE ROSELINA ARMBRUSTER 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rurel Route Number, City or Town, State, Zip Code) ERNEST MASON/SON 1312 S. HIGHLAND AVENUE, BALTIMORE, MARYLAND 21224 20a. Method of Disposition 20b. Place of Disposition (Nama of cemetery, cremetory or other place) Data 20c. Location - City or Town, State ₩Burlai 2 Cremation 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) PARKWOOD CEMETERY 7/2/1997 BALTIMORE, MD. 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility LILLY & ZEILER INC. 700 S. CONKLING ST. 21224 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate fntarval Between Onset end Death Immediate Cause (Final NEUMONIA disease or condition rasulting in daath) Sequentially list conditions, if any, leading to immediate ceusa. Enter Undarlying Cause (Disease or Injury that initiated evants resulting in death) Last Due to (or as a consequence of): Due to (or as a consequence of): Part If. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 1+ypertention Hepatitis 24b. Were eutopsy findings availabla prior to complation of ceuse of death? 24a. Was an autopsy pertormed? GASTROINTESTINAL BLEED 1 Yes 2 No 1 ☐ Yes 2 ☐ No 26. Placa of Death (Check only one)

Physiclan /Medicai Examiner

Physician

/Medical

Examiner

Funeral

Director

r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at

Funeral Director

Completed by

Be

MD.

death with the Maryland

Peges 1 and 2 should be filed within 72 hours after

I Hygiene.

of Health and Mantal

permit. Pege Depertment of Important: If any Injury or

other treumstic event,

Baltimore, Maryland 21215-0020

and use es the burial-trar attending physician for use es the buria Physician/Medical Examiner

ompleted by

Certification:

edical

The law requires that the death certificate be axecuted has Attending after deal To the Hospital c within 24 hours at To the Funeral D completaly filled Is

Division of Vital Records, P.O. Box 68760,

25. Was cese referred to madical examiner? Hospital: 1 Inpatiant 2 ER/Outpatient 3 DOA 1 Yes 2 No 27. Manner of Death 28a. Data of Injury (Month, Day Year) 1- Natural 5 Panding investigation 2 Accident

6 Could not be datarmined

28b. Tima of

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury at Work? 1 Yes 2 No

28d. Dascribe how Injury occurred 28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

Certifying Physician: To the best of my knowledga, daath occurred at tha tima, date and place, and due to the cause(s) and mannar as stated.

| Medicel Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at tha tima, data and place, and due to the cause(s) and manner stated. 29b. Signature and fille of certifier

3 Suicide

4 Homicide

(Check only

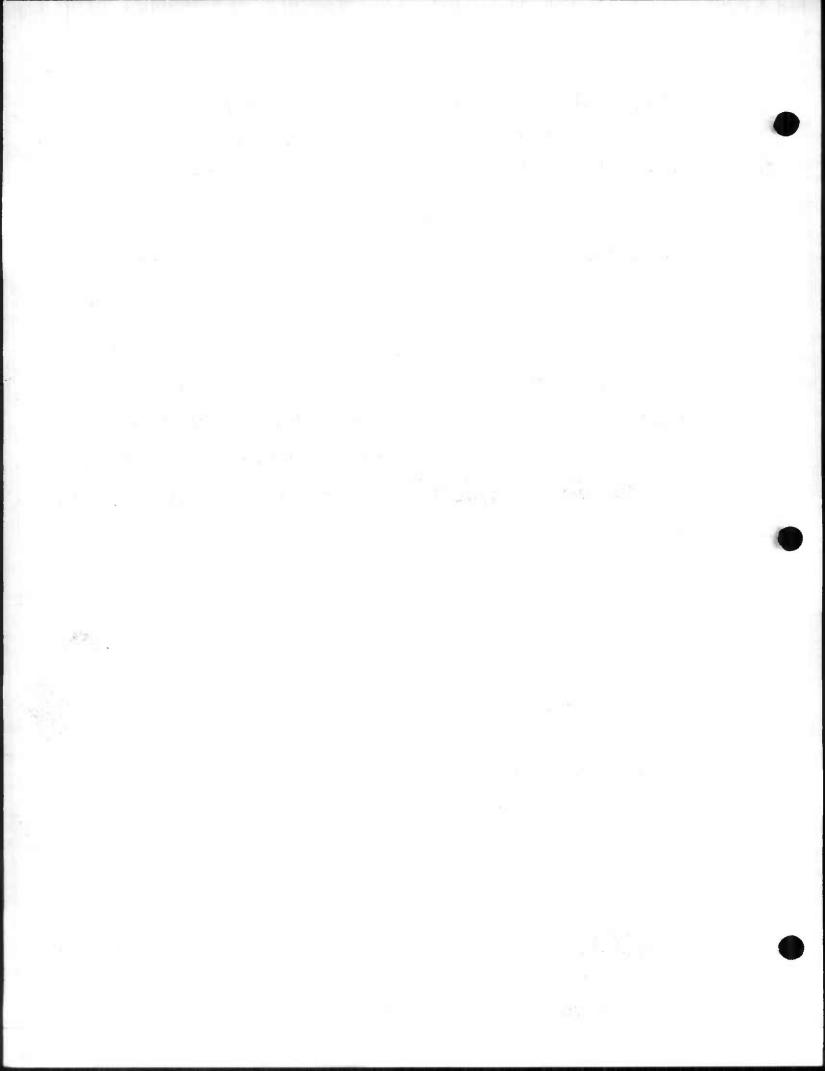
29c. License number

29d. Date signed (Month, Dey, Year) JUNE 28, 1997

30. Nama and address of person who complated cause of death (Item 23a) (Type, Print)

827 LINDEN AVE AZIZ MARYLAND GENERAL HOSPITAL BALTIMORE MARYLAND

State Registrar 31. Dete filed (Month, Day, Yeer) JUL 0 2 1997 32. Registrar's Signeture Shir Davidson



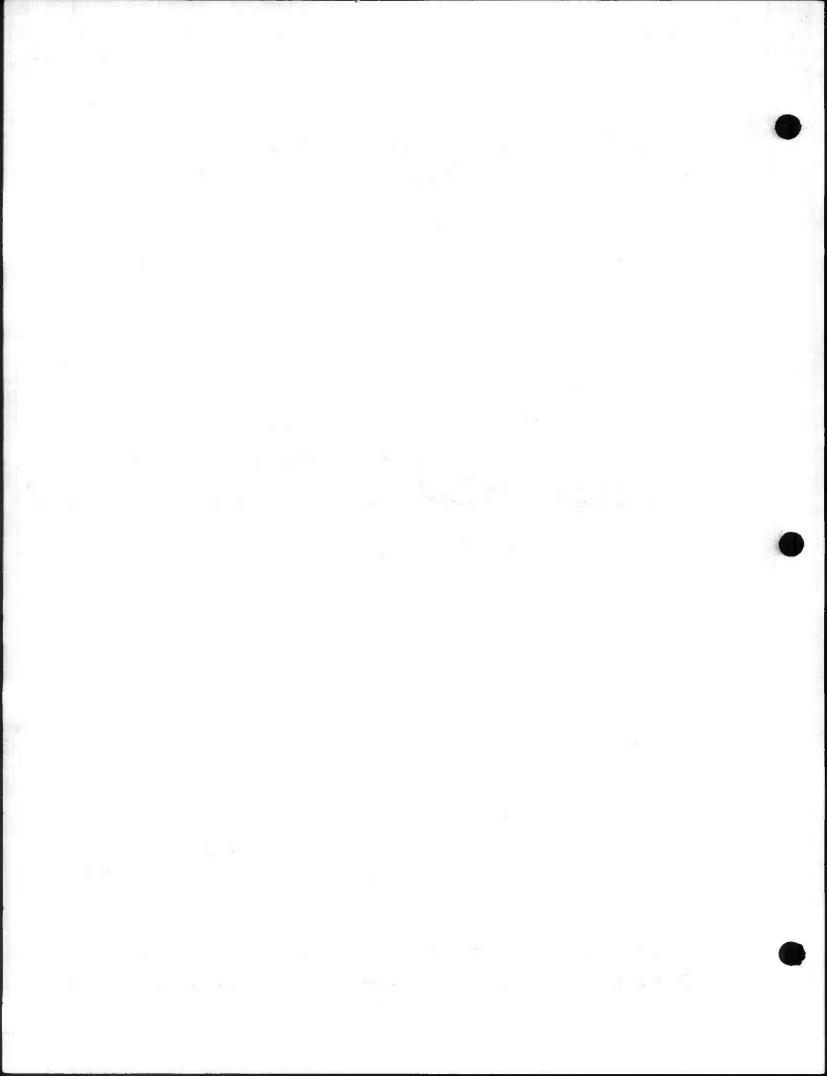
97-3563-510 AM BRIAN McCARTY

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 20021

Certificate of Death

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	To the Hospital or within 24 hours after To the Funeral Dir complataly filled in	edical	(Check only one)	2 ☐Medical Exa	miner: On the basis of exem and manner stated.	nination and/or Inva	istigation, in my	opinion, death occur	red et the time,	data and place,	and due to	the cause(s)
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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death nt's Nama (First, Middle Last) 2. Data of Death 3. Time of Death **Physician** 30,1997 4c. County of Death /Medicai whme (If not institution, giva street and number) City, Town, or Location of Death Examiner 7. Aga (In yrs. last birthday)
70 Yrs. 5. Social Security Number Year If Under 24 Hrs. 6. Sax Birthplace (State or Foreign Country) **Funeral** 212-22-613 M 20 F Days Year) Director Usuel Residance of Dacedant nit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland arminent of Health and Mental hyglena. ortant: If Ilem 27 Is marked other than "natural", or Items 23s or 23s-f show Injury or other transmit be institled at Injury or other transmits event, as Marylant Estatine man be institled at 10b. County 10a. Stata 10c. City, Town or Location 10d. Insida City Limits Baltimore 1 Yes 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 50 21202 Completed by Funeral 12. Was Decedent Evar in U,S. Armed Forcas? 1 Dayas 2 □ No If Yas, Give Yaar or Datas: Was Decedant of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Maxicen, Puerto Rican, etc.) American Indien, Whita, atc. 11. Marital Status 1 Navar Marriad 2 Married frican 21215-0020 1 Yes 2 No 3 ☐ Widowad 4 ☐ Divorced Amer lean 15. Dacedant's Education (Specify only highast grada complated) 16a. Dacedent's Usuel Occupation (Giva kind of work dona during most of working life. DQ NOT use refired) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) College (1-4or 5+) aniTor 12 Baltimore, Maryland 17. Fether's Name (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Surnama) Be Gray Macke Auguslus Blanche 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) Wife 116 E. Preston Baltimore, Md. 21202
Deta 20c. Location - City or Town, Stete Mrs hances E. Mackel 20a. Mathod of Disposition 20b. Plece of Disposition (Nama of cematary, crematory or other place) 1 Burial 2 Cramation 3 Ramoval from State permit. Page Department of Important: If any injury or Dwings mills, md Garrison Fores 4 ☐ Donation 5 ☐ Othar (Spacify) 22. Nama and Addrass of Facility 1222 W. north ave Baltimore, md 21216 21. Signatura of Funarai Service Licensaa loseph L. Russ Entar tha disease, or complications that caused tha death. Do not antar tha mode of dying, such as cerdiac or respiretory errest, or heart failure. List only one cause on each line. Approximeta Intarval Batween Onsat and Daath Physician /Medicai Immadiate Ceuse (Final diseesa or condition rasulting in death) Examiner Examiner Saquantially list conditions, if any, leading to Immadiata ceusa. Entar Undarlying Causa (Diseesa or Injury that Initiated events resulting in daath) Last Box 68760, Be Completed by Physician/Medical Dua to (or as a consaquance of): Part II. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 □ Probably 4 □ Unknown 1 Yes 2 No Division of Vital Record 24b. Wara autopsy findings available prior to completion of cause of death? 24e. Wes en eutopsy performed? The law red After this certificate 1 ☐ Yes 2 ☐ No Hospital or Attending Physician. 24 hours aftar death. Funeral Director: After this certifica director 25. Was case referred to medical examinar? 28. Place of Death (Check only one) 1 Yas 2 No 1 Dinpatlant Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Certification: To 2 ER/Outpatient 3 DOA filled in by the funeral 27. Menner of Daath Dete of Injury (Month, Day Year) 28d. Dascribe how Injury occurred 28b. Tima of 28c. Injury et Work? 1 Natural 5 Panding invastigation 1 Yas 2 No 2 Accident 3 Suicida 6 Could not be datarmined 28e. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify) Location (Straat and Number or Rural Route Number, City or Town, Stata) 4 Homicida

1 Certifying Phyalcian: To tha best of my knowledge, daath occurred at the time, dete end plece, end dua to the causa(s) and mannar as stated. Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the ceuse(s) and mannar stated.

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32 Registrar's Signeture

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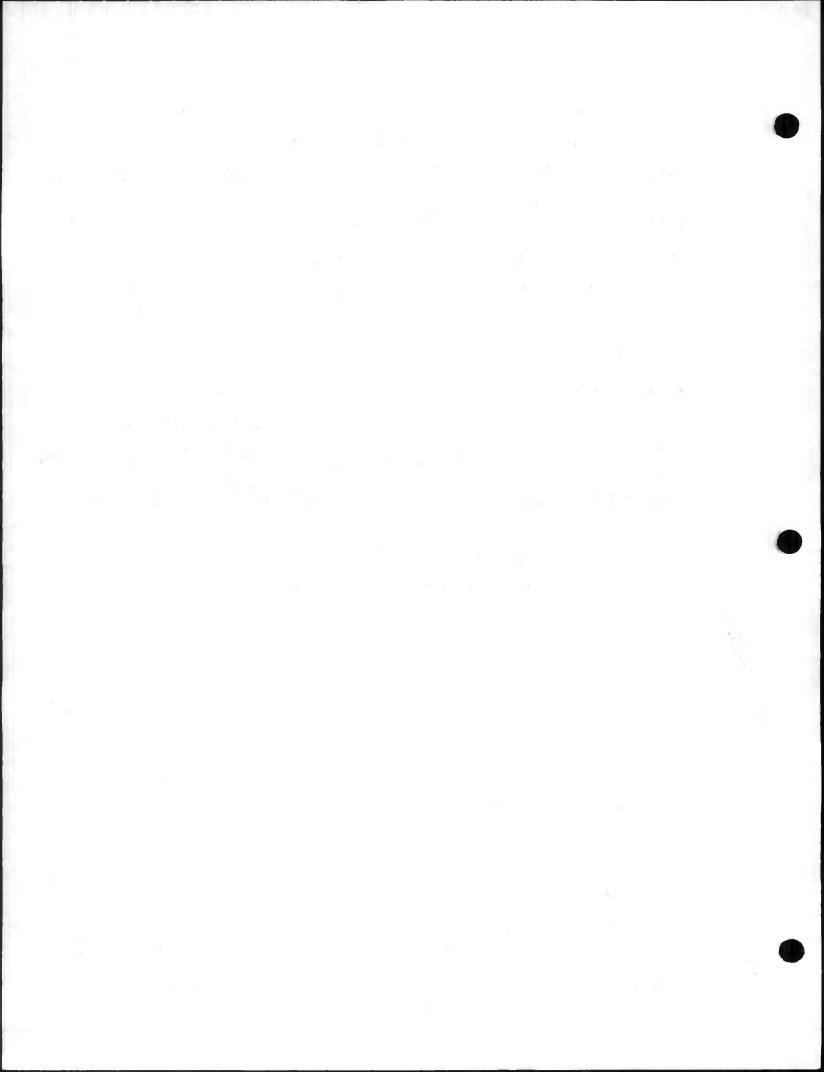
To the

State Registrar

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29b. Signeture end tille of certifier



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DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death **Physician** /Medicai 4a. Facility Name (If not institution, give street and number Examiner 7. Age (In yrs. last birthday) Social Security Number 216-42-2367 if Under 24 Hrs. 9. Birthpl 27, 1942 N 6 Sex Funerai e (State or Foreign 1 □XNX 2 □ F Months Days Hours 54 CAROLINA Director Usual Residence of Decedent Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland neat of Health and Mental hygiens. Intent of Health and Mental hygiens. Int. If Item 27 is a marked other than "natural", or items 23s or 28s-f show int. If Item 27 is a marked other than "na Medical Examinar mult be notified at any or other traumatic event, ma Medical Examinar mult be notified at 10a. State 10b. County 10c. City. Town or Location 10d. Inside City Limits BALTIMORE XXYes 2 No **Funeral Director** MD n/a 10f. Zip Code 2 1 2 1 5 10e. Street and Number 10g. Citizen of What Country UNITED ST TATES 4615 PARK HEIGHTS AVENUE 12. Was Decedent Ever in U.S. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 11 Marital Status 14. Race - American Indian Armed Forces Biack, White, etc. 1 Never Married X Married 1 Yes 2 X O Baltimore. Maryland 21215-0020 1 ☐ Yes X2X No Specify: Specify: Completed by 3 Widowed 4 Divorced BLACK 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b Kind of Rusiness/Industry Elementary/Secondary (0-12) SUPERVISOR FARM in Pennsylvani 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be LUCY DUNCAN MILLAN MAE ALLBROOKS WILLIF MC 0 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) SISTER 2458 KEYWORTH AVENUE, BALTIMORE, MD 21215 HOLMES-20a. Method of Disposition 20b. Place of Disposition (Name of 20c. Location - City or Town, State K I N G ME MORTEL XI & Burial 2 Cremation 3 Removal from State PARK 7-5-97 RANDALLSTOWN, MD permit. Page Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee 22. Name and Address of Facility land WM. C. MARCHFH.-4300 WABASH AVENUE 23a. Part1. Enter the disease, or complications thet caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heert failure. List only one cause on each line. Approximate Intervel Between Onset and Death **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical Examiner Physician/Medical Examiner requires that the death certificete be axecuted Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last for use as the burief-tran Due to (or es a consequenca of) P.O. Box 68760, Due to (or as a consequence of). Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. detached 23b. Did tobacco use contribute to the cause of death? signed by 1 | Yes 2 | No 3 | Probably 4 Denknown Division of Vital Records, þ ed bluoris 24b. Were autopsy findings available prior to completion of ceuse of deeth? Completed 24a. Was an autopsy performed? 1DYes 2 No Yes 2 No 25. Wes cese referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 2 100 1 Yes 1 Inpatient 2 □ ER/Outpatient 3 □ DOA or Attending Ph the funeral 27. Manner of Death Date of Injury (Month, Day Year) 28c. injury at Work? 28d. Describe how injury occurred After 1 Natural 5 Pending investigation Injury death. 1 ☐ Yes 2 ☐ No To the Mospital or Attendis within 24 hours after death. To the Funeral Director: A 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and piece, and due to the cause(s) and manner as stated.
2 Medicat Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the ceuse(s) and manner stated. Medical 29e. Certifier (Check only onel 29b. Signature and title of certific 29c. License number 29d. Date signed (Month, Day, Year) o de death (Item 23a) (Type, Print) 30. Name and adds

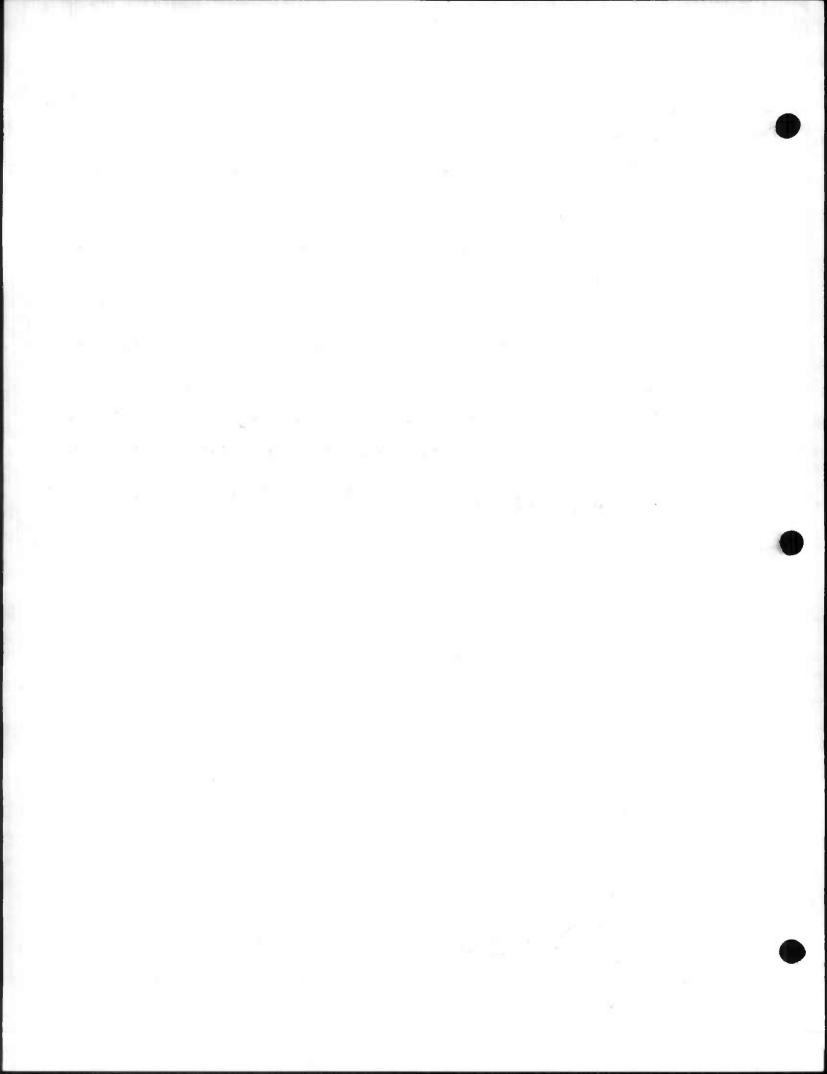
Registrar

State

JUL 0 2 1997

31. Date filed (Month, Day, Year)

39. Registrar's Signature
July Davidson-Randest



State of Maryland / Department of Health and Mental Hygiene 97 20025

				Cer	tificate of	Death	Re	eg. No.		
Philippin		Decedent's Neme (First, Middle, Last	st)				2. Dete of Deat	h	V	3. Time of Death
Physici /Medi		PAULINE			McCADDE	N	Month	Day 1	Year 997	4:17 Ar
Examir		4e. Facility Name (If not institution, give	street end number)			4b. City, Town, or	Location of Deeth	4c. Count	y of Death	
Funeral		Stella Maris F 5. Social Security Number 8. S		: lest birthday)	if Under 1 Year	Towson If Under 24 Hrs	8. Date of Birth		timor	
Director		014-20-0186 1 Usual Residence of Decadent	^{□M 2}	Yrs.	Months Days	Hours Min	Sept. 1	1,192		ce (State or Foreign y) sachuse
ta-f show	ctor	Md. 10b. County Balt	imore 10c. C	ity, Town or Lo					100	d. inside City Limits
23a or 26	Funeral Director	10e. Street and Number 3231 Lynch Ro	1.		10f. Zlp Code 21	222	10	Og. Citizen of USA	Whet Country	y?
Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than natural; or items 23a or 28a-f show stray injury or other traumatic event, fra Medical Examiner must be notified at once.	by	11. Maritel Stetus 1 Never Merried 2 Merried 3 Widowed 4 Divorcad	12. Was Decedent Ever in L Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Dates:	tf	Vas Decedent of I Yes, specify Cub ☐ Yes 21 No	Hispanic Origin? (S an, Mexican, Puer Specify:	Specify Yes or No- to Rican, etc.)	Bia	ca - American ck, White, etc y: Whit	c.
e. an "natur Medical	Completed	15. Decadent's Ed (Specify only highest green	ucation de completed) College (1-4or 5+)	16a. Deced (Give life. D	ent's Usuel Occu kind of work done O NOT use retire	pation during most of wo d)	rking	16b. Kind of B	uainess/Indu	stry
ygien rt.	် ၁	12 yrs.		Cosi	metolog	ist		Beaut	y Sho	p
d off	Be	17. Father'a Name (First, Middle, Last)					me (First, Middle, N		ne)	
and Mental	P	Dana Hilton C					ce Rioux			
eeith end n 27 is m ier traum		19a. informent's Name/Reletionship (7 Dyanne Wineho					ral Route Number, Rd. Bal			
ment of He ant: If Item ury or oth		20e. Method of Disposition 1X Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Removal from State	Place of Dispos cemetery, crem Sacred	etany or other nie	of Jest		Dunda		n, Stete
import any inj		21 Signeture of Ameral Servica Ligen	Ž,	Co		Funera	al Home			
Aedical amlner	er	Immediate Ceuse (Final disease or condition resulting in death)	e	or as e consequ	CA genca of):				1	
and el-transit	Examiner	Sequentially list conditions, if any, leeding to immediate	b. Due to (c	or as a consequ	renca of):					
ysicia ne bur	/Medical	cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in deeth) Last	c. Due to (a	or as a consequ	enca of):					
or u	Physician/	Pert II. Other significant conditions co	ntributing to death but not res	ulting in the un	derlying cause giv	en in Part i	23b Did tot	DACCO HAR CO	ntribute to th	ne cause of death?
	by Phy	-						8 2□ No	3 Probat	
has been sig	Completed b						24a. Was en perform	eutopsy ed?	evaila	autopsy tindings able prior to eletion of cause ath?
page	Sol						1 □ Yes	2 No	1 U Y	as 2□ No
	Be	25. Wes case referred to medical exeminer?					ath (Check only one)		
25	2	1 ☐ Yes No		ER/Outpatient		4 Li Nursing H	lome 5 Resider	ce 6 X Oth	er (Specify)	HOSPICE
H)	cation	27. Menner of Death 1 Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not be	28e. Date of Injury (Month, Dey Yeer)	28b. Time of Injury		yat k? Yes 2 □ No	28d. Describe how			
illed in b	Certiff	4 Homicide determined	28e. Piace of Injury - At he building, etc. (Specify	(y)			28f. Location (Stre City or Town,	Stete)		
	ledic	one) 22 Medical Exami	ner: On the best of my kno- ner: On the besis of examine- and menner stated.	wledge, deeth o tion and/or inve	occurred at the tin stigation, in my o	ne, date end placa plnion, death occu	, and due to the cau rred at the time, dat	use(s) end ma te end place,	and due to th	ed. e cause(s)
000	Σ	29b. Signeture and title of cartifier	100	10	29c, Licens	a number	29	d. Dete signe	d (Month, Day	y, Year)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9.7 20026

							Cer	tificate d	of Death	7	Reg	. No.	lue	0010
	Physici /Medi		1. Decedent's Neme (First, I	Middle, L		SOM	E			2,	Dete of Deeth Month	Dey 27	Yeer 1997	3. Time of Death
	Exami		4e. Fecility Neme (If not insti	SAA	ve street end number	3 H	950		4b. City, To	Own, or Locati	on of Deeth	4c. County		
	Funeral Director		5. Sociel Security Number 216368518		Sex 7. A	ge (In yrs. lest	Yrs.	If Under 1 You Months De	ear If Under eys Hours		Date of Birth (Month, Day, Y	ear) 1942	9. Birthple Countr	oce (State or Foreign
	land ow		Usuel Residence of Deceder 10a. Stete 10b. Co			10c. City, T	own or Loc	ation					100	d. Inside City Limits
	a-f sh	tor	Md. N	IA		Ba	ltimo	ore						X Yes 2□ No
	23a or 28	Funeral Director	10e. Street end Number 5527 Sewa	rd	Avenue			10f. Zip Coo			10g	. Citizen of V		y?
21215-0020	72 hours after death with the Maryland natural', or frems 23a or 28a-f show bical Examiner mail be nothed at	by	11. Maritel Status 1 □ Never Merried 2 ☑ 3 □ Widowed 4 □ Divo		12. Wes Deceden Armed Forces 1 ☑ Yes 2 ☐ If Yes, Give Year or Detes:	?	1	/as Decedent Yes, specify (☐ Yes ②☐	of Hispanic Or Cuben, Mexica No Specify		Yes or No- an, etc.)		e - American ck, White, et	ic.
5-0		Completed	15. Dec (Specify only h	edent's E	ducation rede completed)	1	6a. Decede	ent's Usual Oci and of work do	ccupetion one during mos stired)	st of working	16	b. Kind of Bu	usiness/Indu	istry
121		mpi	Elementery/Secondery (0-	12)	College (1-4or								-1 0-	
d 2	s 1 and 2 should be filed within f Heelth and Mental Hygiene. Item 27 is marked other than other traumatic event, the M		12th Grade		2yrs.		Labor	r Dept		ner's Name (F	irst, Middle, Me			overnment
Maryland	should be filed and Mental Hygi marked other imatic event,	To Be	Joseph	30.0, 200		rby				lizab			wsome	
ary	2 should be and Mental is marked o	F	19e. Informent's Name/Rele	tionshlp		-	19b. Mailing	Address (St			oute Number, C	City or Town,	Stete, Zip C	Code) 21206
	and 2 leelth a m 27 is		Annette N	lews	ome						altimo			
Baltimore,	Pege nent o nnt: If iry or		20e. Method of Disposition 1 ☐ Burial 2 ☐ Creme 4 ☐ Donetion 5 ☐ Other			cem	etery, crem	ition (Neme o etory or other n Fore	plece)		1			m, State Md. gs Mills,
Balt	permit. Pege Department of Important: If any Injury or snce.		21. Signeture of Funeral Ser	vice Lice	Orman				ddress of Fedil		timore			nd nue 21202
68760,	Physician per contilicate pe executed was the death contilicate per signed by the estending physician and and per destached for use as the buriel-transit	Medical Examiner	Immediate Cause (Finel disease or condition resulting in deeth) Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	{	e. Es (Due to (or es	s e consequ	ence of):	CA	NCE				Onset end Deeth
Box 6	centifi nding use as			L	d									
	death ce e ettendi d for use	sicia	Pert II. Other significent cor	ditions	contributing to death	but not resultin	ng in the un	dedving cause	a given in Pert	1 1	23b. Did tobs	CCO USA CO	ntribute to t	the cause of death?
s, P.O	ires that the death or signed by the ettend d be detached for us	by Physician/	7 .		MELLI				o given arr of			2□ No	3 Proba	
Records,	in mouire room sig 2 should b	Completed	CVA	1							24e. Wes en operforme	autopsy d?	avel	e autopsy findings lable prior to pletion of cause seth?
Lame 1	or, page		HYP		IENZION	1. Hy	(of	ALBO.	C)	Buse	1 Tes	2×100	10	Yes 2 No
Division of Vin	ding Physicites h. After this center funeral director.	on: To Be	exeminer? 1 Yes 2 10 0 27. Menner of Deeth 1 Neturel 5 Pe		Hospitel: 1 Impat 28e. Dete of Inj (Month, D		/Outpetient	-	Other	ursing Home	5 Residence. Describe how			
Divisio	or Attending Pheter death. Director: After this in by the funeral	Certification:	2 ☐ Accident in 3 ☐ Suicide 6 ☐ Co	vestigation ould not be termined	on 28e. Pieca of Ir		, ferm, stre		1 □ Yes 2 □		Location (Stree City or Town, S		er or Rurel i	Route Number,
_	To the Hospital or Attending within 24 hours effect death. To the Funeral Director: Affect ompletely filled in by the fune	edical Ce	29a. Certifier 1 Cart (Check only one) 1 Med	tifylng P	hysicien: To the best miner: On the basis of end menner s	of exemination	dge, deeth end/or Inve	occurred et the	e time, dete e ny opinion, de	nd plece, and ath occurred e	due to the causet the time, dete	se(s) and me end plece,	enner es sta and due to t	ted. he cause(s)
	withir To th	Me	29b. Signature end title of ce	rtifier	a			29c. Lic	ense number		29d	. Date signe	d (Month, D	ay, Year)
	. 1		mar	1 /	y. Har	1, m	D	D	09	270	6	127	197	
	bit '		30. Name and eddress of pe	och	RAVE	J BL	-VD	'rInt)	BALT	1M0	RE	C17	4	
	Sta Registr	-	31. Date filed (Month, Day,)		32. Regist	rer's Signeture						/		

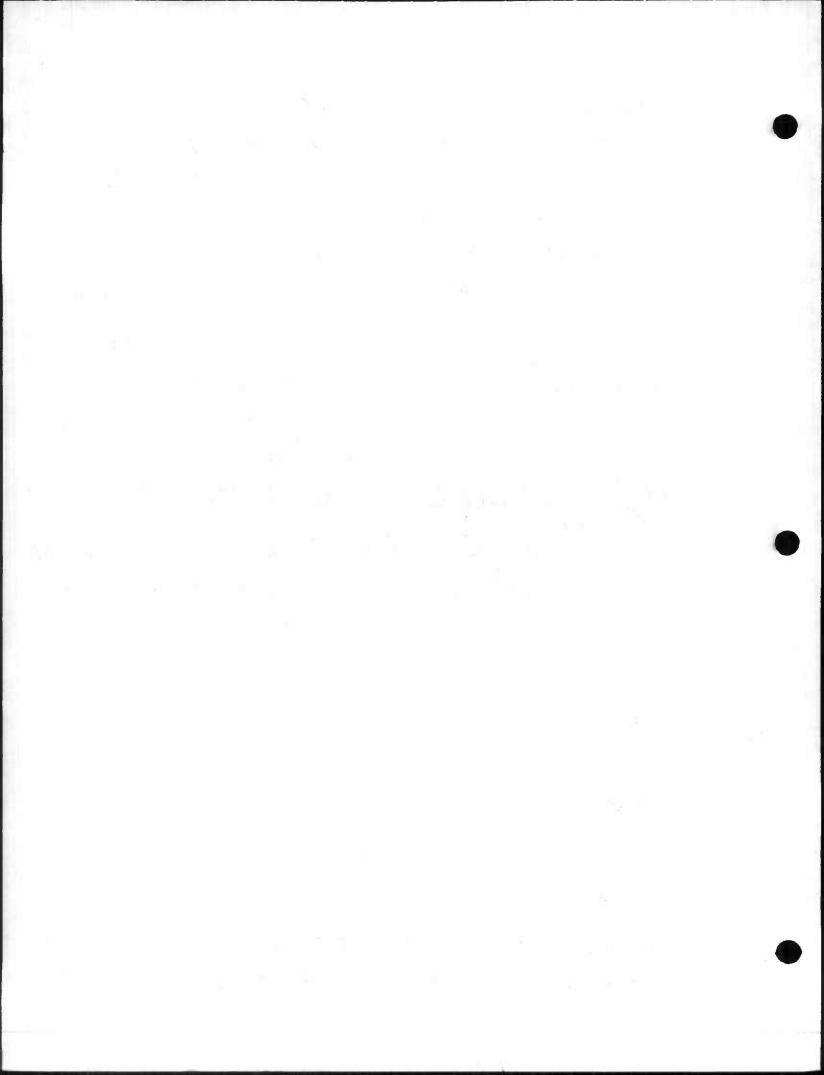
DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene Q Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Nuti James 727 AM 26,199 /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death Examiner Maryand
5. Sociel Security Number Etimore N/A HIKKA If Under 1 Yea If Under 24 Hrs. Hours Min. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey Year) 27 Birthplece (State or Foreign Country). **Funeral** Months Days 220-22-8444 10XM 2□ F 70 Virginia Director Usual Residence of Decedent the Maryland r 28a-f show 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD N/A BALTIMORE 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 23a or other traumatic event, the Medical Examiner must be 1102 DRUID HILL AVENUE 21217 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 12 Yes 2 □ No If Yes, Give Year or Dates: Herns Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 6 1 Yes 2 No Specify: Black by Specify: permit. Pages 1 and 2 should be filed within 72 hours Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", any injury or other traumatic aucon. 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4 or 5+) Casino Cook 12th 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be Lawrence Nutt Florence Holden 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Helen E. Artes 4000 Clifton avenue, Ballto., MD 21216 20b. Placa of Disposition (Name of cemetery, crematory or other placa) 7/1 20e. Method of Disposition 20c. Location - City or Town, State 1 DBurial 2 Cremation 3 Removal from State Garrison Forest Vet. Cem. Owings Mills, MD 4 Dony 5 Other (Specify) 21. Signatu 22. Name and Address of Facilit LEROY O. DYETT & SON FUNERAL HOME, P.A. 4600 LIBERTY HEIGHTS AVE., BALTO. 21207 complications that caused he death. Do not enter the mode of dylng, such as cardiac or respiratory errest, only one cause on each line. Approximete Interval Between Onset and Deeth Ol **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in death) Examiner edral Vascular Disease Examiner burial-transit the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initieted events resulting In death) Last and P.O. Box 68760 physician Physician/Medicai attending 0 Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. ty the 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Be Completed by Records 24b. Were autopsy findings available prior to completion of cause of death? 24e. Was an autopsy performed? page certificate h 1 ☐ Yes 2 TNo 1 Yes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I 25. Was case referred to medical 26. Place of Deeth (Check only one) 1 Yes 2 PNo Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 npatient Certification: To 2 ER/Outpetient 3 DOA 27. Manner of Deeth 28e. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? 1 Naturel 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Medicai 1 Dertifying Physician: To the best of my knowledge, death occurred at the time, dete end placa, end due to the ceuse(s) and menner es stated.
2 Medicat Examiner: On the bests of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete and place, end due to the ceuse(s) and manner stated. 29a. Certifier 29b. Signeture and title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) Macem 15503 June, 27, 1997 30. Name and address of person who completed cause of death (Item 23e) (Type_Print)

Amatun N. Nacem M.D. 500) Dolphin St. Balto, md-21217 31. Dete filed (Month, Day, Yeer) State JUL 0 2 1997

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State of Maryland / Department of Health and Mental Hygiene 9 7

							Ce	rtificate o	f Deat	h	F	Reg. No.		
			1. Decedent's Name (First, M	iddle, Las	t)						2. Date of Dea			3. Time of Death
	Physic		Paul E.	Olson	n						June	28 1	997	3:30 PM
ч	/Medi Examlı		4a. Fecility Neme (If not institu	ition, give	street end nu	ımber)			4b. City,	Town, or L	ocation of Death	4c. County		
П	Exami	ici	222 Chartley						Roi	ston	stown		ltimo	770
Н		_	5. Social Security Number	6. Se		7 Age //	n yrs. last birthday)	If Under 1 Ye	1	er 24 Hrs.				
п	Funerai	н	532-09-5305		M 2□F		85 Yrs.	Months Day				Year o 11	9. Birth	plece (State or Foreign htry) Lana
	Director			4	^		85 113.				Sept. T	9,1911	MOI	uana
	pu s		Usual Residence of Decedent 10a. State 10b. Cou			10	Oc. City, Town or Lo	nation					Т.	04 1-14 02 11-2
	aryis sho	F				1								10d. Inside City Limits
	Be-f	ctc	Md. Bal	timo	re		Reister	stown						1 Yes 2 (No
	₽ or ₽	Director	10e. Street and Number					10f. Zip Code	9		1	l0g. Citizen of	What Cour	ntry?
	23a	e	222 Chartley	Dri	ve			2	1136			U	SA	
	dea L	Funeral	11. Marital Status		12. Was Dec	edent Eve	r in U,S. 13.	Was Decedent	f Hispanic C	Origin? (S	pecify Yes or No- o Rican, etc.)	14. Rac		can Indian,
0	of the	3	1 Never Married 2 N	Aarried	Armed Fo	2 X No					o Hican, etc.)	Bla	ck, White,	etc.
21215-0020	d within 72 hours effer death with the Maryland jiene. Triban "naturel", or flems 23a or 28a-f show The Medical Examiner must be motified at	by	3 X Widowed 4 ☐ Divor	ced	If Yes, Gi Year or D	ive Dates:		I□Yes 2💢N	lo Specif	y:		Specif	" Wh	ito
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D	를 찾을 된.		17. Father's Name (First, Midd	lle, Last)				1	7	her's Nam	ne (First, Middle,	Meiden Suman	ne)	
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0	Se of E		20a. Method of Disposition 1 ☐ Burlal 2 Ø Crematic	n 3 □1	Removal from	State	20b. Place of Dispo cemetery, crer			į		20c. Location		
E	Pages nent of int: if it		4 □ Donation 5 □ Other			Olate	Carroll	Cremati	on	6-	-29-97	Hampste	ad, 1	Md.
altimore,	permit. Pag Department Important: i any injury o		21. Signeture of Funeral Serv	ice Licens	600		22	. Name and Add	ress of Fac	ility 1	1824 Rei	1 + 0 + 1 + 0	una Da	and
m	Depa Impo any ir		PR		D	. 0	0 =	ine Fun	0 4 0 0			erstown		
	_		23a Part Enter the disease	ar comp	lications that	coursed the							, Ma	
			23a. Part1. Enter the disease shock, or heart failure. I	Ist only o	ne ceuse on e	eech line.	death. Do not ent	ar the mode or c	lying, such e	os cardiac	or respiretory arr	951,	1	Approximate Interval Between Onset and Death
	Physician /Medical		immediate Cause (Final				-						1	Onset and Death
	Examiner		disease or condition resulting in death)		a. C	-01	D						1	
н			rosatting in death)			Due	e to (or as a consec	uence of):					1	
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oʻ	e ex ian uriel		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury											
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Ħ	sician: certific rector,	Be	25. Was case referred to med exeminer?	ical		4.			26. Pla	ce of Dee	th (Check only or	10)		
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0	ding Phys h. After this funeral d		27. Manner of Death		28e. Date	of Injury	28b. Time of	28c. In			28d. Describe h			
0	Affin Fur fur fur	it l	1 Naturat 5 ☐ Pen 2 ☐ Accident inve	ding stigation	(MOI)	th, Day Ye	ar) Injury		/onk/ ∐Yes 2[□No				
S	or Attendente efter deatl Director:	fice	3 ☐ Suicide 6 ☐ Cou	ld not be	28e. Place	of Injury -	At home, farm, str	eet, factory, offic	9		28f. Location (S	treet and Numb	oer or Rure	al Route Number,
Division	al or Attending P s efter death. I Director: After id in by the funen	Certification:	4 ☐ Homicide dete	,,,,,,,,	buildi	ing, etc. (S	(pecify)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			City or Town	n, State)		
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	To the Hospital or Attending Phy within 24 hours effer death. To the Funeral Director: After thi completely filled in by the funeral	Mec	Uney .		ano man	ner stated.								
	F 3 6 8		29b. Signature and title of cert	III C		D	_	29C. LICE	nse numbe		2	9d. Date signe	u (Month,	Day, Tear)
			- Asaleta	the	tupe	to_	-mD	D	52K	112	- MI)	0613	24/	47
		1	30. Name and address of pons	on who or	Troisedou	of death	(item zja)/(Type,	rich)		0			- 1	
			1cmc, 11-	722	K	EIST	ERSTO	wn k	D.	KE	ISTERS	Town	Mi	21136
	Sta	te	31. Dete filed (Month, Day, Ye		32. R	Registrar's			-	-			*	
	Registr	ar	JUL021	997	74	anun	idson-Hande							

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Item: 20b per FH G-749 7/8/97 dh 1. Decedent's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death ERSON JULL 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death MARYLAND HOSPITAL BALTIMORE GENERAL 417 5. Social Security Number 215-78-945 7. Aga (In yrs. last birthday) 37 Yrs. If Under Montha If Undar 24 Hrs. Hours Min. 8. Data of Birth (Month, Day, Year) 9. Birthplaca (Stata or Foreign Days 1**X**M 2□ F Tary Usual Rasidance of Decedant 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Nas 2 No a/timore 10e. Street and Number 10g. Citizan of What Country? 10f. Zip Code St. 2017 212 . Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status 1 Nevar Married 2 Married 1 Yas 2 No 1 ☐ Yas 25 No 3 ☐ Widowed 4 ☐ Divorced Black Yaar or Datas 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) laborer 17. Fathar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surname) Malicoy reterson ia Dhald 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ststar 2014 0//123 2/2/7 20b. Placa of Disposition (Name of camatary, crematory or other p 20a. Mathod of Disposition 20c. Location - City or Town, Stata rother place) King 1 D Burial 2 Cremation 3 Removal from Stata 4 Donation 5 Othar (Specify) Memoria1 21. Signature of Funaral Service License -82. Nama and Address of Facility AcCuploh 1701 an 23a. Part1. Enter the disease, or compilications that called the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata intarval Between Onset and Death SEPS15 Immediata Ceusa (Final diseasa or condition rasulting in daath) Dua to (or as a consequence of): Sequantially list conditions, if any, leading to immadiate cause. Enter Undarlying Causa (Disaasa or injury that initiated avants resulting in daath) Last Due to (or as a consequence of) Dua to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? 3 □ Probably 4 □ Onknown 1 ☐ Yes 2 ☐ No 24a. Was an autopsy performed?

Physician /Medical Examiner

Physician

Examiner

Funeral

Director

permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Deportment of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other treumstic event, the Medical Examiner must be notified at 2008.

Baitimore, Maryland 21215-0020

/Medical

Director

Funeral

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Completed

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signed by the attending physician and d be detached for use as the burial-transit

Division of Vital Records, P.O. Box 68760 has

To the Hospital or Attenwithin 24 hours after dear To the Funeral Director completely filled in by the

State Registrar

Physician/Medical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. λq 24b. Wara autopsy findings available prior to completion of cause of death? Completed 1 🗆 Yas 2700 1 ☐ Yes 2 ☐ No 25. Was case refarrad to medical axaminar? 98 26. Placa of Death (Check only one) Hospitel: 1 Yas 2 No Other: 4 Nursing Homa 5 Rasidance 8 Other (Specify) 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Manner of Death 28d. Dascribe how injury occurred Certification: 28b. Time of 28c. fnjury at Work? 1 Netural 5 Pending invastigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicida 8 Could not be 28a. Plece of Injury - At home, ferm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicida 1 Certifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and placa, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the tima, data and place, and due to the cause(s) and manner stated. 29a. Certifian Medical

29b. Signatura and titla of pertifiar

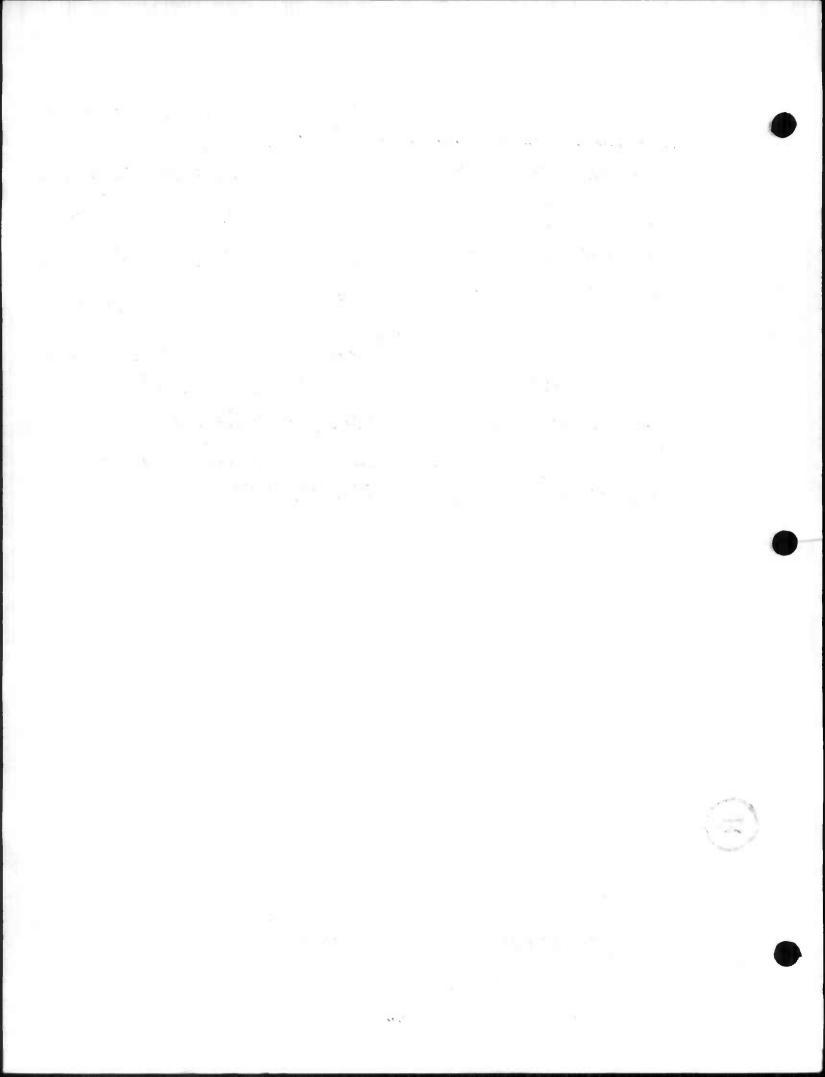
29c. Licansa number

29d. Data signed (Month, Day, Year)

30. Nama and address of person who completed causa of death (Itam 23a) (Type, Print)
Wasm Fukhak, M.S. Go Marykard General Hosp. tal

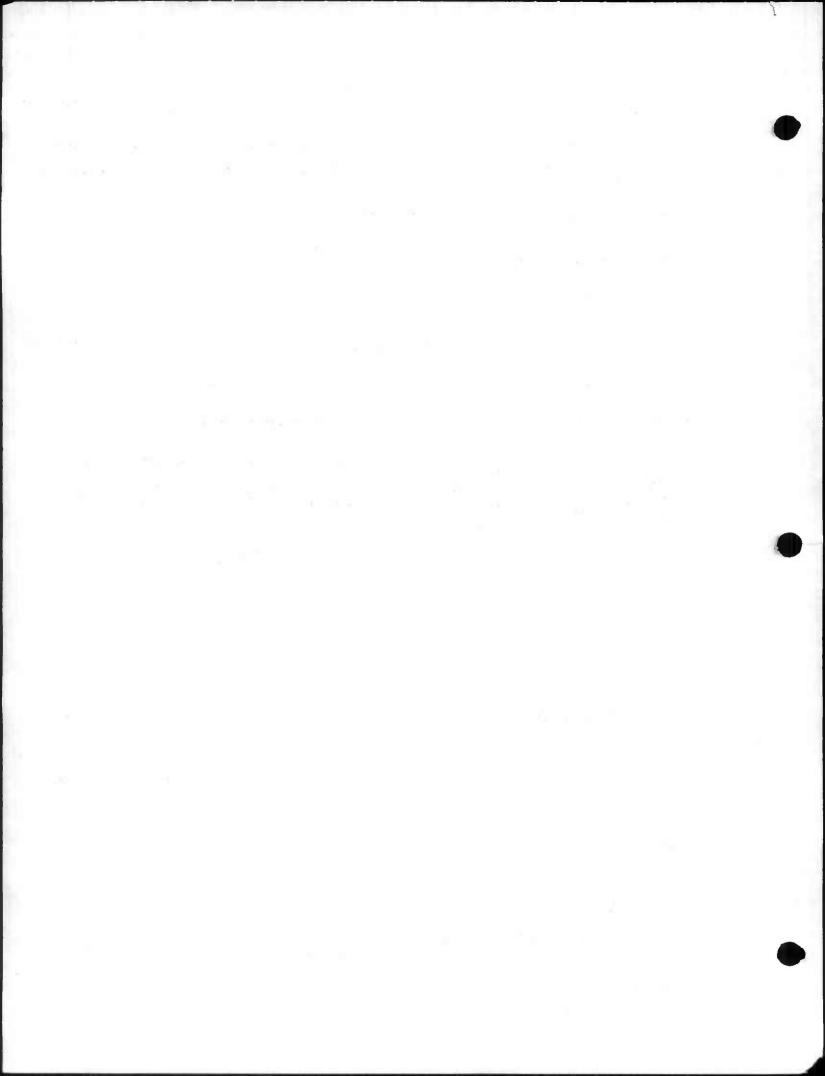
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State of Maryland / Department of Health and Mental Hygiene 97

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	/Medic Examir		4a. Facility Nama (If not institution, giv			_		4b. City, Tov	wn, or Loca	tion of Death	4c. County	of Death		
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	Funeral Director		5. Social Security Number 6. S 238-46-6673	7. Aga	(In yrs. last birt	Yrs. If Unc	ar 1 Yaar s Days			Data of Birth (Month, Day, 5/27/	1930	9. Birthpl Count N • C	aca (St ry) arc	ata or Foraign
	and w		10a, Stata 10b. County	-	IOc. City, Town	or Location						10	d. Insid	fa City Limits
	t 28a-f show	Director	PA N/	A	PHI	LADEL		A			0.000		1 💢	Yas 2□No
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020	in 72 hours after death with the Maryland "naturel", or items 23e or 28e4 show edical Exercities and Exercities and	by	1 Navar Married 2 Married 3 Widowed 4 Divorced	Armed Forcas? 1 ☐ Yas 2 🏋 No If Yas, Giva Yaar or Datas:		If Yas, sp			, Puarto Ri	fy Yas or No- can, atc.)	Specify	ek, Whita, a	ack	
5-0	72 h	eted	15. Decedant's Ed (Spacify only highest gra	ducation	16e.	Decedent's Us	ual Occu	pation during most	of working		16b. Kind of Bu	usinass/Ind	ustry	
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yla	should be nd Mental marked of	To	Riley Perkins					Los	ssie	Baker	r			
, Maryland	nd 2 salth ar 27 is a trau		19e. Informant's Name/Relationship (Bessie Perkins	Type, Print)	50)61 Pa	rris				City or Town, Ladelp			19139
altimore,			20a. Mathod of Disposition 12 Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify		camatar	Disposition (Ay, cramatory of ion	othar pla	,			20c.Location - Baltim			
Balt	permit. Pages Department of Important: If I any Injury or once.		21. Signature of Funeral Service Lice	() u-	et	LERO	Y O	ass of Facility DYE	TT &	SON E	FUNERA	L HO	ME,	P.A.
			23a Dart 1 Enter the disease, or com- shock, ortheart failure/ Lat only	plications that caused the	a daath. Do n	ot antar tha m	oda of dy	ing, such as o	cardiac or r	asplratory arra	ast,			Imata Batween
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Vital Reco	The Ta	mox								1 □ Y8	s 2 No	1 🗆	Yas	21 No
ita		Be	25. Was case rafarred to medical examinar?					26. Placa	ot Death (Chack only on	a)			
ō	Jing Phys n. After this funeral di	2	1 Yas 2 No 27. Manner of Death 1 Natural 5 Panding	Hospital: 1 Inpatiant 28a. Data of Injury (Month, Day)	2 ER/Out 28b. T		28c. Inju		28		ence 6 Oth ow Injury occur)	
Division	To the Hospital or Attending within 24 hours after death. To the Funerel Director: After completely filled in by the fune	Certification:	2 Accidant invastigation 3 □ Sulcida 6 □ Could not be 4 □ Homicide datarminad		r - At homa, fai (Spacify)			,		f. Location (St. City or Town	reet and Numb n, Stata)	er or Rural	Route	Num <i>ber</i> ,
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State of Maryland / Department of Health and Mental Hygiene

20031 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Tima of Death **Physician** DOROTHY PERRY JUNE Month 1997 7:02 A.M /Medical 4e. Fecliity Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Stella Maris Hospice- Mercy Baltimore N/A 5. Sociel Sacurity Number If Under 1 Year If Undar 24 Hrs. 7. Aga (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Months Deys Hours 1 □ M 2 XX 213-36-3596 Yrs Director May 4, 1930 N.C. Usual Residence of Dacedent with the Maryland 10e. Stete 10b. County 10c. City, Town or Locetion 28a-f show 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28a-f shov traumatic event, the Madical Examinat must be notified at Md. N/A Baltimore Director 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 1502 N. Linwood Avenue 21213 U.S.A. Pages 1 end 2 should be filed within 72 hours after death nent of Health end Mental Hygiene. Int: If Item 27 Is marked other than "natural", or thems 23. Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yes 2 2010 If Yes, Give Yeer or Detas; 11. Merital Status Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Ricen, etc.) 14. Race - American Indian 1 Nevar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: Specify: Black by 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Dacedant's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Baltimore City Elamentary/Secondary (0-12) Collaga (1-4or 5+) Teachers Aide Public Schools 12th Grade 17. Fether's Neme (First, Middle, Last) 16. Mother's Neme (First, Middle, Maiden Sumeme) Be Jeff Collins Ina Jeffers 19a. Informent's Name/Reletionship (Type, Print) husband 19b. Meiling Addrass (Straat and Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2. Department of Health el Important: if Item 27 is any injury or other trace Jimmy Perry 1502 N. Linwood Avenue Balto. Md. 21213 20b. Plece of Disposition (Neme of cemetery, cremetory or other placa) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Removel from State
4 Donetton 5 Other (Specify) Garrison Forest Veterans July 3 Owings Mills, Md. 22. Nama and Address of Facility Nutter Funeral Homes, Inc. 21. Signature of Funeral Service Lice 2501 Gwynns Falls PKWY Baltimore, Md. 23e. Part F. Enter the disaese, or complications that daused the deeth. Do not enter the mode of dying, such as cerdlec or respiretory errest, shock, or heert failure. List only one ceuse on eech lina. **Physician** /Medical Immediate Ceusa (Finel disease or condition resulting in daath) milhour Examiner Examiner The law requires that the death certificate be executed shysician and the burial-transit Sequentially list conditions, if eny, leeding to immediate ceusa. Enter Underlying Cause (Disaase or Injury that initieted events resulting in daeth) Last Dua to (or es e consequence of): Records, P.O. Box 68760. Physician/Medical Due to (or as a consequence of): 98 certificate has been signed by the effector, page 2 should be detached it Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ Be Completed 24b. Were eutopsy findings evallable prior to completion of ceuse of death? 24a. Wes en eutopsy performed? 1 Yes 2 No 1 ☐ Yes 2 ☐ No Vital cian: 26. Pleca of Death (Check only one) TELLA MARIS AT MERCY 25. Wes cesa raferred to medical axaminer? Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) P 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA HOSPICE 26a. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28c. Injury et Work? Medical Certification: 28d. Describe how injury occurred 26b. Time of 1 Naturel 2 Accident 5 Pending Invastigation 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Sulcide 26e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Spacify) Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide ä To the Hospital within 24 linura To the Funeral completely filled Hospital 29a. Cartifier Certifying Physician: To the best of my knowledge, daath occurred et tha time, dete end piece, end due to the ceuse(s) end menner as steted.

Medical Examinar: On the besis of axaminetion end/or invastigation, in my opinion, deeth occurred et tha tima, dete end piece, end dua to the ceuse(s) end menner steted. 29b. Signatura and little of contifier 29d. Date signed (Month, Day, Year) 30. Nama and eddrass of person who complated causa of daath (Item 23a) (Type, Print) 2300 Dilaney Valley Pd. 31. Dete filed (Month, Day, Year) 32. Registrer's Signatura State JUL 0 2 1997 while Davidson-Randell Registrar

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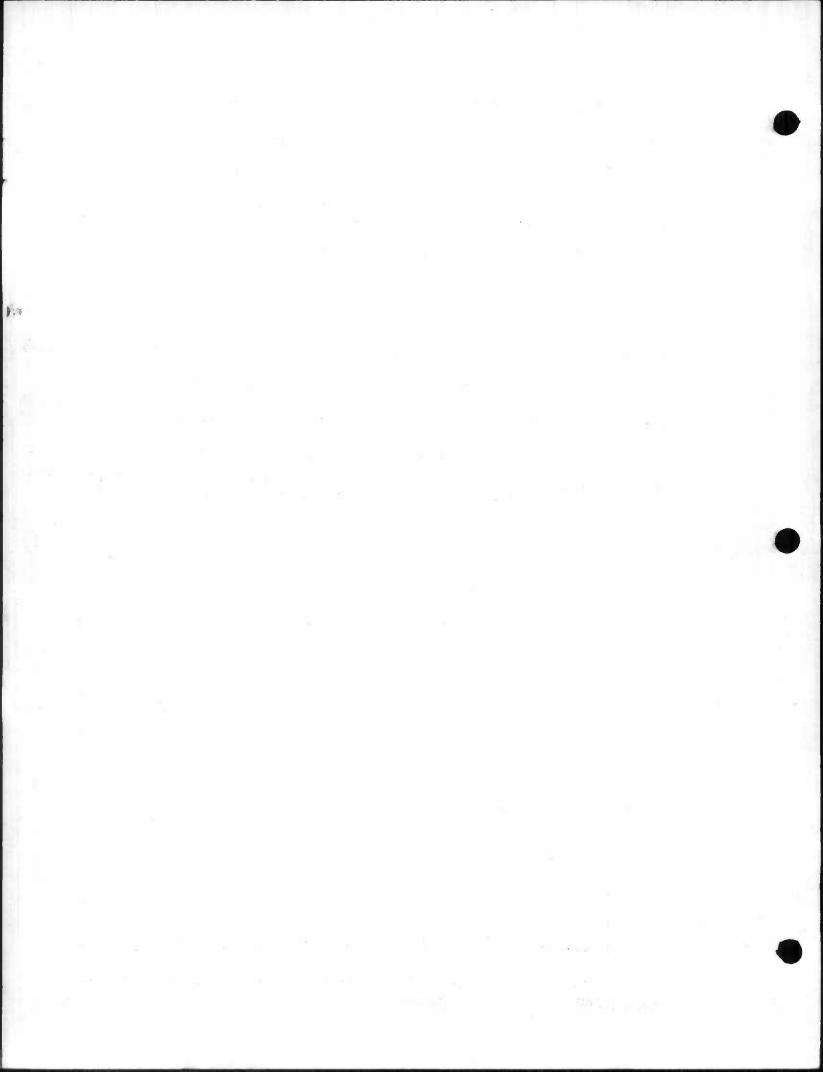
						Ce	rtificate of	Death		Reg. No.	01	20032
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	/Medi		John L	. Kayn	0				June	27	1997	17:35
	Exami		4e. Fecility Nama (If not institution,	giva street and humber		/		4b. City, Town, or	Location of Dea	th 4c. Coun	ty of Death	
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	Funeral Director		212-18-3732		ga (In yrs. last 76	birth day) Yrs.	If Under 1 Yaar Months Deys		8. Data of B April	25,1921	9. Birthp Ball	(Stata or Foreign
	and		Usual Rasidance of Dacedent 10a. State 10b. County		10c. City, To	own or Lo	ocation				4	0d. Insida City Limits
	8a-f eho	Director	MD Baltimo	re City			City					1X Yas 2□ No
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5	the e	ysic	Part II. Other algnificant condition	_					23b. Dic	tobacco use c	ontribute to	the cause of death?
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9	certificate	Be C	25. Was casa rafarred to madical					26. Place of Da	ath (Check only	ona)		
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Attending by	th. After this funeral di		27. Mannar of Daath 1 Natural 2 Accident 5 Panding Invastiga	28a. Date of Inju (Month, De	rv 28t	o. Time of Injury	28c. Inju			how injury occu		,
5 8	after death. Director: After	Certification:	3 Suicida 6 Could no 4 Homlcida determin	ed 288. Placa of in	jury - At home, tc. (Specify)	farm, str	aet, factory, office			(Street and Num own, Stata)	ber or Rura	l Routa Number,
Hoenitel	in 24 hours after death. To the Funeral Director: After completely filled in by the funeral completel	edical C	29a. Certifiar (Check only one) CertifyIng CertifyIng Madical Ex	Phyaician: To the best aminer: On tha basis o and mannar st	f axamination a	lge, death and/or inv	occurred at the ti vastigation, in my	me, date and plac opinion, daath occ	a, and due to the urred at the time	cause(s) and n , data and placa	nanner as st	ated. tha causa(s)
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न्यकार्गुर्व	7		JAMES E.	Matheu	M.D) C	10 MARI	pland G	ENERA	L Hos	spita	4
	Sta Registr	300	31. Data filed (Month, Day, Yast) JUL 0 2 19	37 32. House	and Signature	-Aand	LIP.				7	

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 9 7

97 20033

					CE	entifica	te or	Death			Reg. No.		
Physician /Medical	Aima	Eliza	abeth R		n					2. Date of Dea	26,	Yeer 1997	3. T th
Examiner	Unio	n Memo	orial H	ospita				Balt	imo	cation of Death		ny of Death NA	
Funeral Director	5. Social Security for 214-24-	-7161	6. Sex 1 ☐ M 2 ☐ ₹ F	7. Age (In yrs	. last birthday Yrs.	Months	Days		Min.	8. Date of Birt Month, Day 08 - 2	3 -21	9. Birthpl Coun	lace (State or Foreign try) Md.
7/2 hours after death with the Maryland natural, or items 23a or 28a-f show order Examiner must be not and all sted by Funeral Director	10a. State	10b. County	NA	10c. C	ity, Town or L Balti	more							0d. Inside City Limits 1 Yes 2 No
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	3 ☑ Widowed	ied 2 Marrie	Armed Fo	2XXO ve	J,S. 13.	Wes Dece If Yes, spe 1 \(\text{Yes} \)			n? (Spe Puerto I	cify Yes or No- Rican, etc.)	14. Re Bio	ce - America eck, White, of	
d other than "natural; event, the Medical Ext Be Completed by	(Spec		grade completed) College (edent's Usu e kind of wo DO NOT u		oation during most o d)	f workir	ng	16b. Kind of E		ple homes
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Tournatio	Jacob 19a. Informant's N		ip (Type, Print)	lkins					or Rura	Route Numbe		, Stete, Zip	
permit. Fages 1 and 2 should be filed within 72 no Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturany injury or other traumatic event, the Medical once. To Be Completed		position	llen 3 □Removal from		Place of Disp	osition (Na	me of			Dete	20c. Location	- City or To	ryland wn,State stown, Mo
	21. Signature of Fu		-	M2	2	2. Name a	nd Addre	ess of Facility	Ва	ltimo			nd 21202 enue
sician	23a. Pert1. Enter t shock, or hea	he disease, or c rt feilure. List o	controcations that one	caused the dee each line.	th. Do not er	ter the mod	de of dyle	ng, such as ca	rdiac o	respiratory er	rest,		Approximate Intervel Between Onset and Death
ledical aminer	Immediate Cause disease or condition resulting in death)	(Final n	a	ISCH Due to (10710 or as a conse	BOC quence of):	il						48 Hours
n and tal-transit Examiner	Sequentially list co	nditions,	b	CARD Due to (IAE Sor as a conse					-		4	48 Hours 5 Days 5 Days
ding physician are as as the burish	Sequentially list co if any, leading to in cause. Enter Unde Cause (Disease or that initiated events resulting In deeth) I	inmediate dryling linjury Last	c	-	M Fi		471	on					5 DAYS
d by the attend stached for us Physician	Part II. Other signif	cant condition	contributing to de	eath but not res	sulting In the s	ınderlying (ause giv	ven in Pert I.		23b. Did to	obacco use co	ontribute to	the causs of death?
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Be Co	25. Was case reference examiner?	red to medical						26. Place o	Death	1 ☐ Y		1 🗆	Yes 2D to
20 0	1 Yes 2 2 27. Manner of Death		28a. Date (Mont		28b. Time of Injury		8c. Injur	4 LI NUIS	2	e 5 Residente Bd. Describe h)
al Director: After the in by the funeral Certification:	2 Accident 3 Suicide 4 Homicide	6 Could no determine	t be 28e. Place	of Injury - At h	ome, farm, st				_	8f. Location (S City or Town	treet end Num n, Stete)	ber or Rural	Route Number,
he Funer pletsly fill edical	29a. Certifier (Check only one)	12 Certifying 2 Medicat Ex	Physician: To the camtner: On the be and men	best of my kno asis of examina her stated.	wledge, deet tion and/or In	h occurred vestigation	at the tir In my o	ne, date end p pinion, death	occurre	nd due to the c d et the time, d	ause(s) end m ate and plece,	anner as sta and due to	ated. the ceuse(s)
N Som	29b. Signature and	title of certifier	KK	e of death (Item	M.D.			e number 2438	146		9d. Date signe		
The Control of the Co	30. Number and addre	ss of person wh	no compléted caus	e of death (Item	n 23a) (Type	Delot)						-	



State of Maryland / Department of Health and Mental Hygiene 97 20034

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State Registrar

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Jaha Miridson-Randelle

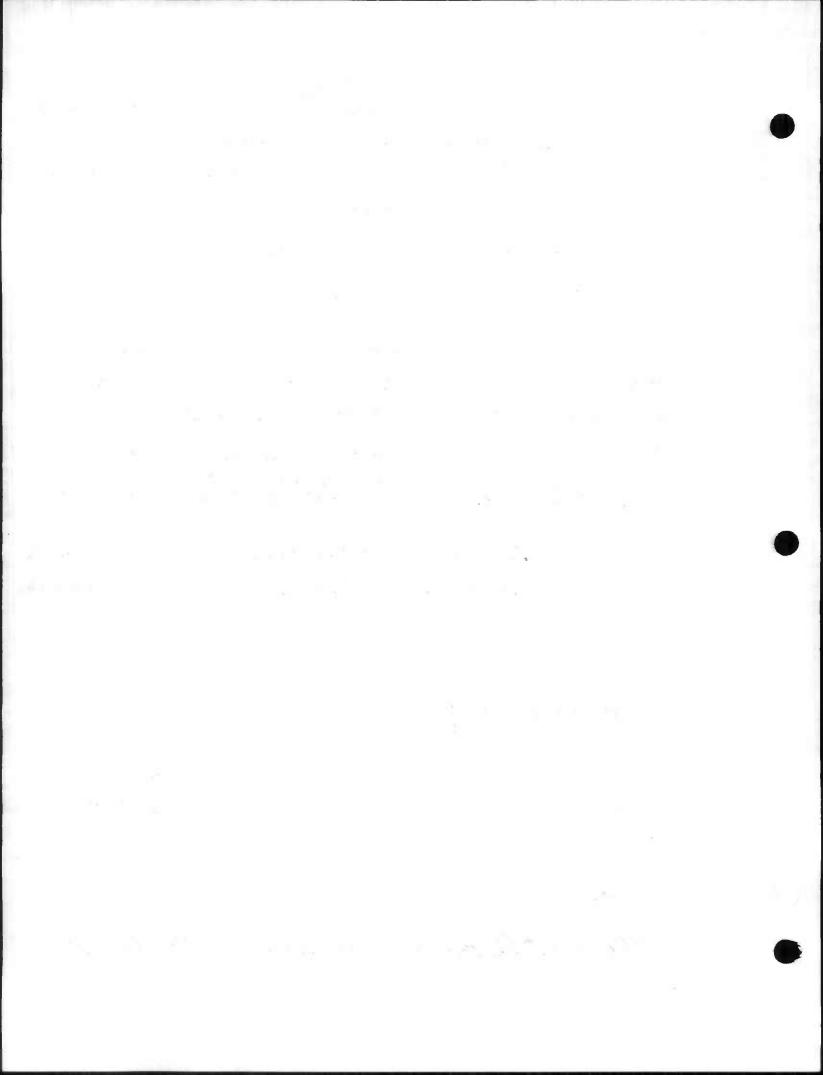
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

20035

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	Examination Examin	ner	5. Social Security N 216-32-	OF BAL Number 8864	TO GII			if Undar 1 Y	aar tf t		NSON 8. Data of Bir (Month, Dec.)		BALTI	MORE aca (Steta or Fo	vaign
	Meryland Fed at	tor	Usuat Residance o 10a. Stata MD	10b. County N/A		10c. C	ity, Town or BAL	Location CIMORE				_	1	Od. tnside City L	
	h with the	al Director	10e. Street and Nu		HTS AVE.			10f. Zip Coo		21215		10g. Citizen of USA	What Coun	try?	
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64	be filed within 72 hours efter deeth with the Menylan ital Hygiene. Id other than "natural", or items 23s or 28s-f show event, the Medical Experient man be notified at	Completed	(Space	ondary (0-12)	s Education grade completed) College (1-4or 5+)	lifa	edent's Usuat Oc ra kind of work do DO NOT usa ra MEMAKER	ecupation ona during stired)	7 most of work	king	16b. Kind of B	usinass/ind		
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timor	Baltimore, N permit. Pages 1 end Department of Health Important: If Item 27 any Injury or other tr once.		4 Donation	☐ Cramation 5 ☐ Othar (Sp	•••		BETH	position (Neme of amatory or other TFILOH	placa)		7/97	BALTIN			2
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State of Maryland / Department of Health and Mental Hygiene

BALTIMORE, MARYLAND

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month BERNICE **Physician** SHEER IRENE JUNE 91.29 A.M. 26, 1997 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SINAI HOSPITAL BALTIMORE 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) 6. Sex 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** Months Days Hours Min 1 M 2 XF Yrs. Director 219-10-0636 DEC.2, 1925 MARYLAND with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits r than "natural", or itema 23e or 28a-f show the Medical Examiner must be notified at MARYLAND N/A BALTIMORE 15 Yes 2□No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 6821 CHEROKEE DR. 21209 USA death 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian. Black, White, etc. 1 Never Married 2 Married WHITE 1 Yes 2 No Specify: altimore, Maryland 21215-0020 þ 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) al Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) OFFICE ADMINISTRATOR GOVERNMENT permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if Item 27 is marked othe eny injury or other traumatic event once. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surneme) Be HARRY CARP ROSE FISHER 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) JEFFREY ALAN SHEER (SON) 6821 CHEROKEE DR. BALTO., MD 21209 20b. Placa of Disposition (Name of 20a. Method of Disposition 20c. Location - City or Town, State cemetery, cremetory or other place)
ANSHE EMUNAH 1 ☐ Burial 2 ☐ Cremati 3 Pemoval from State 6/27/97 BALTIMORE, MD 4 Donation 22. Name and Address of Facility
SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximete Interval Between Onset and Deeth Physician /Medical Immediate Cause (Final FOUR HOURS · CARDIAC VENTRICULAR ARRWYTHMIA disease or condition resulting in death) Examiner Due to (or es e consequence of) Examiner Sequentially list conditions, if eny, leeding to immediale cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last and Due to (or as a consequence of): P.O. Box 68760, physician certificate be Physician/Medical å Due to (or as e consequence of) USe as amending Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 3 Probably 4 Unknown 1 Tes 2 No CHRONIC OBSTRUCTIVE PULMONARY DISEASE Vital Records, 24b. Were autopsy findings available prior to completion of cause of death? Completed 24e. Wes an autopsy CORONARY ARTERY DISEASE certificate 1 Yes 2 No 1 Tyes 2 No actor. 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) 2 Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 SInpatient 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? 5 Pending Investigation 1 Matural 1 ☐ Yes 2 ☐ No 2 ☐ Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) end menner as steted.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and placa, and due to the cause(s) and manner stated. edical 29a. Certifier of the hwithin 24 hy To the F (Check only one) 29c. License number AS-Z40Z3Z1-CH-290. Signatury and title of certifie 29d. Date signed (Month, Day, Year) M.D JUNE 26, 1997 9347 BELVEDERE AND GREENSPRING 30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

CHARLES M. HEATOH, M.D. SINAI HOSPITAL

32 Registrar's Signature

Registrar

State

31. Date filed (Month, Day, Year)

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item 5 Per FH Film G750 8-13-97 rja Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death **Physician** JUNE LILYAN SHECTER 7 AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3918 BROOKHILL RD. BALTIMORE N/A If Undar 1 Yaar If Undar 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) APR. 23, 1921 9. Birthplaca (Stata or Foreign Days 1□ M 25 F 2]8-03-8041 76 Yrs MARYLAND Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. insida City Limits MD N/A BALTIMORE 1 Nas 2 No Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 3918 BROOKHILL RD. 21215 USA Funeral Raca - American Indian, Black, Whita, atc. 12. Was Dacadant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: 1 Navar Married 2 X Married 1 Yas 2 No WHITE Specify: þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa retired) 15. Decedant's Education (Spacify only highast grada complated) 16b. Kind of Business/Industry Coilege (1-4or 5+) Elamantary/Secondary (0-12) SECRETARY MEDICAL LAB 17. Fethar's Nema (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Surnema) WILLIAM H SCHWARTZ HENRIETTA **GELSON** 19a. Informent's Nema/Raiationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Steta, Zip Coda) ABRAHAM SHECTER (HUSBAND) 3918 BROOKHILL RD. BALTIMORE, MD 21215 20b. Place of Disposition (Nema of camatary, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 X Buriai 2 ☐ Cramation 3 ☐ Removal from Stata BETH EL MEMORIAL PARK 6/29/97 4 ☐ Donation 5 ☐ Other (Specify) RANDALLSTOWN, MD 21. Signature of Funaral Service Licenses 22. Name and Address of Eacility BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarvai Betw Immadieta Causa (Final disaese or condition rasulting in deeth) Sequantially list conditions, if eny, leeding to immediata cousa. Entar Undarlying Causa (Disease or injury that initiated avents rasulting in daath) Last Physician/Medical Dua to (or as a consequance of): Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No of work þ 24b. Wara autopsy findings availabla prior to complation of ceusa of deeth? Completed 24e. Was an autopsy performed? to culat de 1 ☐ Yas 2 ☐ No 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical axaminar? Be 26. Pieca of Death (Check only ona) Hospital: Other: 4 Nursing Homa 5 Desidance 6 Other (Specify) SIENO 2 1 Yas 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Yaar) Death 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? Certification: 5 Pending invastigation 1 🗌 Yas 2 - No Accident 6 Could not be datamined 3 ☐ Suicida 28f. Location (Street and Number or Rural Routa Numbar, City or Town, Steta) 28a. Place of injury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 Homicide 15 Certifying Physician: To the best of my knowledge, death occurred et the time, dete and piece, and due to the ceuse(s) and mannar as stated.
2 Madical Examiner: On the basis of examination end/or invastigation, in my opinion, deeth occurred at the time, date end piece, end due to the cause(s) and mannar stated.

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Funeral

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7 is marked other than "natural", or items traumatic event, the Medical Examiner m

Pages 1 and 2 should be filed within 72 hours after onent of Health and Mental Hygiene. Int: If Item 27 Is marked other than "natural", or ite

Department of Health Important: If Item 27

Physician /Medical

Examiner

injury or

Baltimore, Maryland 21215-0020

with the Maryland

of Vital Records, P.O. Box 68760 no

State Registrar

Medical

29a. Certifian

(Check only one)

29b. Signatore and titla of certifiar

30. Name and eddress of person who completed causa of death (I)em 23a) (Type, Print)

29c. Licansa number 29d. Data signed (Month, Day, Yaar)

38 Greene Tree Rd.

31. Deta filad (Month, Day, Yaar) 32. Ragistrar's Signature JUL 02 1997 "a Cavidson

State of Maryland / Department of Health and Mental Hygiene 97 20038

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Div	교육등		4 Homicide	determined	building,	etc. (Specif)	v) 	eat, factory, offic			City or To	iwn, Steta)		ral Routa Number,
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State Registrar

JULIA 31. Data filed (Month, Day, Year)

JUL 0 2 1997



30. Neme and address of person who completed cause of death (Itam 23a) (Type, Print)

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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadant's Nama (First, Middla, Last) 2. Date of Daath 3. Time of Death **Physician** 06-28-97 Paul Sherman 6:00 PM /Medical 4a. Facility Nama (If not Institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner 29 BROOKSHIRE DR. REISTERSTOWN BALTIMORE If Under 1 Year 5. Social Security Number If Undar 24 Hrs. 8. Data of Birth (Month, Day, Year) JUNE 20, 1931 7. Aga (In yrs. last birthday) **Funerai** Birthpiaca (State or Foraign Country) 1**⊠**M 2□ F Months Deys Hours Director Yrs. 218-28-2698 66 Usuai Residanca of Decedant death with the Maryland 10a State 10b. County 10c. City, Town or Location items 23s or 28s-f show ther must be notified at 10d, inside Cltv Limits MD BALTIMORE REISTERSTOWN Director 1 Yas 200 No 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 29 BROOKSHIRE DRIVE 21136 U.S.A. Funeral 11. Maritel Status 12. Was Dacedant Evar in U,S. Armed Forcas? 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indien, The Medical Examiner Biack, Whita, atc. Pages 1 and 2 should be filed within 72 hours after 1 ☐ Never Marriad 2 ☐ Married 1 Pyas 2 No A Aes, Giva Yaar or Datas: KOREA 21215-0020 ò þ 1 ☐ Yes 2 ◯ No Specify: WHITE 3 ☐ Widowed 4 ☑ Divorced natural', Completed 16a. Dacedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highast greda complated) i Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 11 DRIVER TAXI CAB COMPANY traumatic event. Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be of Health end Mentel JOSEPH SHERMAN ROSE LAHN 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rurel Routa Number, City or Town, Steta, Zip Coda) ROBIN T. SHERMAN / DAUGHTER 29 BROOKSHIRE DRIVE REISTERSTOWN, MD 21136 other i 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Steta Department of Important: If It any injury or o 9059. 1 ☑ Buriai 2 ☐ Crametion 3 ☐ Ramovel from State 4 Dopation 5-☐ Othar (Specify) 6/30/97 LUBAWITZ NUSACH ARI ROSEDALE, MD uneral Shrvice Lice 22. Nema and Addrass of Facility SOL LEVINSON & BROS., INC. 8900 Reisterstown Road Pikesville, MD 21208 that causad tha daeth. Do not antar the moda of dying, such as cardiac or raspiratory errest, Physician /Medical Immadiata Ceuse (Final Metastatic Esophageal Cancer monbhs diseasa or condition rasulting in death) Examiner Due to (or as a consequence ot) Examiner attending physician end I for use as the bunaf-transit The law requires that the death certificate be executed Sequentieily list conditions, if any, laeding to Immediata causa. Entar Underlying Cause (Disaasa or Injury thet initiated evants rasulting in daath) Lest Due to (or as a consequence of): Records, P.O. Box 68760. Physiclan/Medical Dua to (or as a consequance of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24a. Was an autopsy performad? 24b. Wara autopsy findings available prior to completion of cause of deeth? ate has 1 Yes ZONO 1 ☐ Yas 2 ☐ No Be 25. Wes case referred to medical 26. Pleca of Deeth (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Death Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding invastigation 1 XNetural 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be determined 3 ☐ Suicida 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 28a. Piace of Injury - At home, farm, straat, factory, office building, etc. (Specify) 4 Homicide 6 Hospital 24 hours Funeral 12 Certifying Phyaiclan: To tha best of my knowledga, death occurred at the tima, data and plece, and dua to tha cause(s) end mannar as stated.

2 Medical Examiner: On the basis of axamination end/or investigetion, in my opinion, daath occurred at the tima, data and place, and dua to tha cause(s) and mannar stated. Medical 29e. Cartifian (Check only 24 one) within 2 29b. Signatura end title of certifier 29c. License number 29d. Data signed (Month, Day, Year) 115450 30. Nama and address of person who complated cause of deeth (Itam 23a) (Type, Print)

State Registrar 31. Data filad (Month, Day, Year)

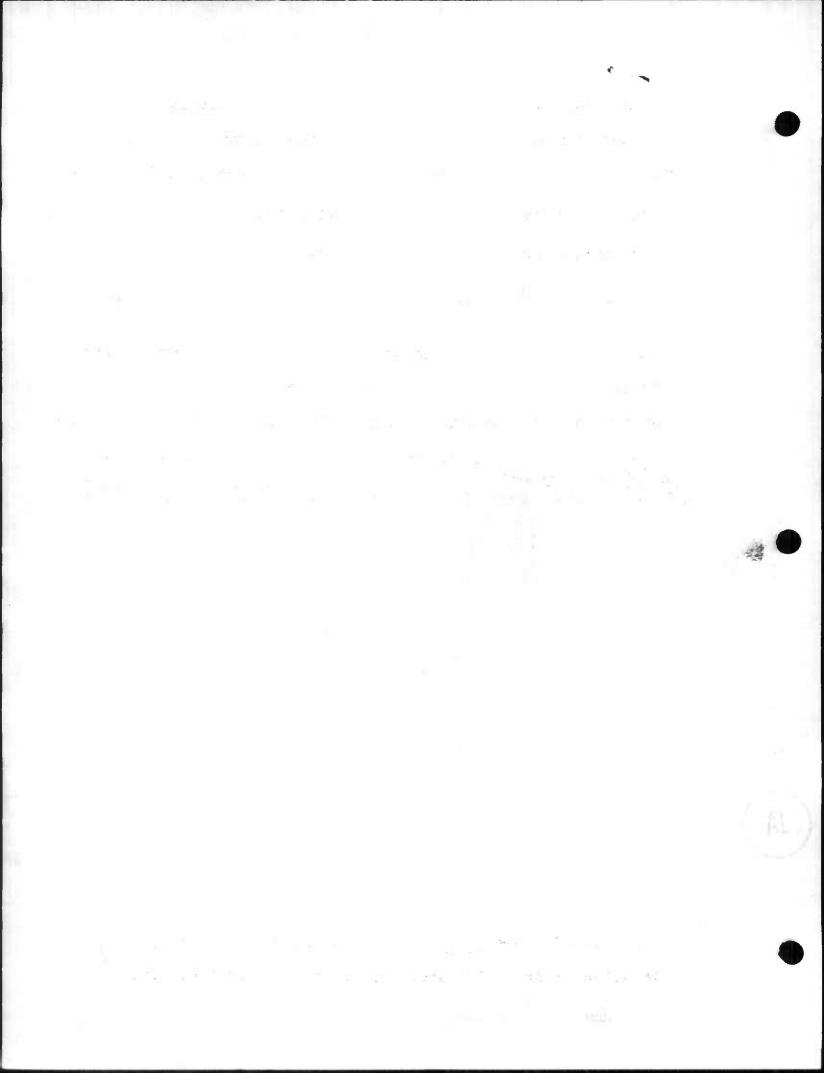
32. Registrar's Signetura

Baltimore, MD;

Mohamed Al-Ibrahim, M.D.

JUL 02 1997 La Savidson-Ray

N. Greene St,



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month : 15 pm Margaret Schumann 30 June 4e. Facility Name (If natinstitution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Baltimore har lestown 5. Social Security Number Birthplace (State or Foreign Country) 1□ M 🛠 F 215-07-5642 Oct. 23,1916 | Maryland Usual Residence of Decedent 10e. State 10b. County 10c. City. Town or Location 10d. Inside City Limits Md. N/A Baltimore YN Yes 2□ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 632 S. Eaton Street 21224 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 XXIo If Yes, Give Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2X No Specify: Specify: 3 Widowed 4 □ Divorced White 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) C&P Telephone Supervisor 8 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) John C. Bedford Catherine Hubbard 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Charles Kresslein, Jr. / Attorney 3307 Foster Avenue, Baltimore, Md. 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e Method of Disposition 20c. Location - City or Town, Stete Burlel 2 Cremation 3 Removal from State Sacred Heart of Jesus 7/3/97 Baltimore.Md. 22. Name and Address of Fecility 21. Signature of Funeral Service Licensee Charles S. Zeiler & Son Inc. 901 S. Conkling St. 23a. Pert1. Enter the disease, or complications that caused the deem. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one ceuse on each line. Approximete Interval Between Onset end Deeth Immediate Ceuse (Final Artery Disease orongry disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Couse (Disease or Injury that initiated events resulting in death) Lest Due to (or es a consequence of): Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Chronic obstructive Pulmonary Disease 1 Yes 2□ No 3 Probably 4 ☐ Unknown 24b. Were autopsy findings eveileble prior to 24a. Was en eutopsy completion of cause of death? 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Plece of Deeth (Check only one) 015505182 Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA LIVING 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 1 Naturel 5 Pending investigation raci Lito

Physician /Medical Examiner

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21215-0020

altimore, Maryland

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The law requires that the death certificate be axecuted physician and is the bunal-trans Box 68760. P.O. 2 Records. of Vital Iding Physician: this sion

2 Completed Be 2

Physician/Medical Examin

Certification: Medical

0 State

Registrar

31. Dete filed (Month, Day, Year) JUL 02 1997

6 Could not be determined

2 Accident

3 Suicide

4 Homicide

(Check only one)

tridres

29b. Signature end title of certifier

1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and piece, end due to the cause(s) end menner es stated.

2 Medical Examiner: On the bests of examination end/or investigation, in my opinion, death occurred at the time, date end piace, and due to the cause(s) end menner stated. 29c. License number 29d. Date signed (Month, Dev. Year)

1 ☐ Yes 2 ☐ No

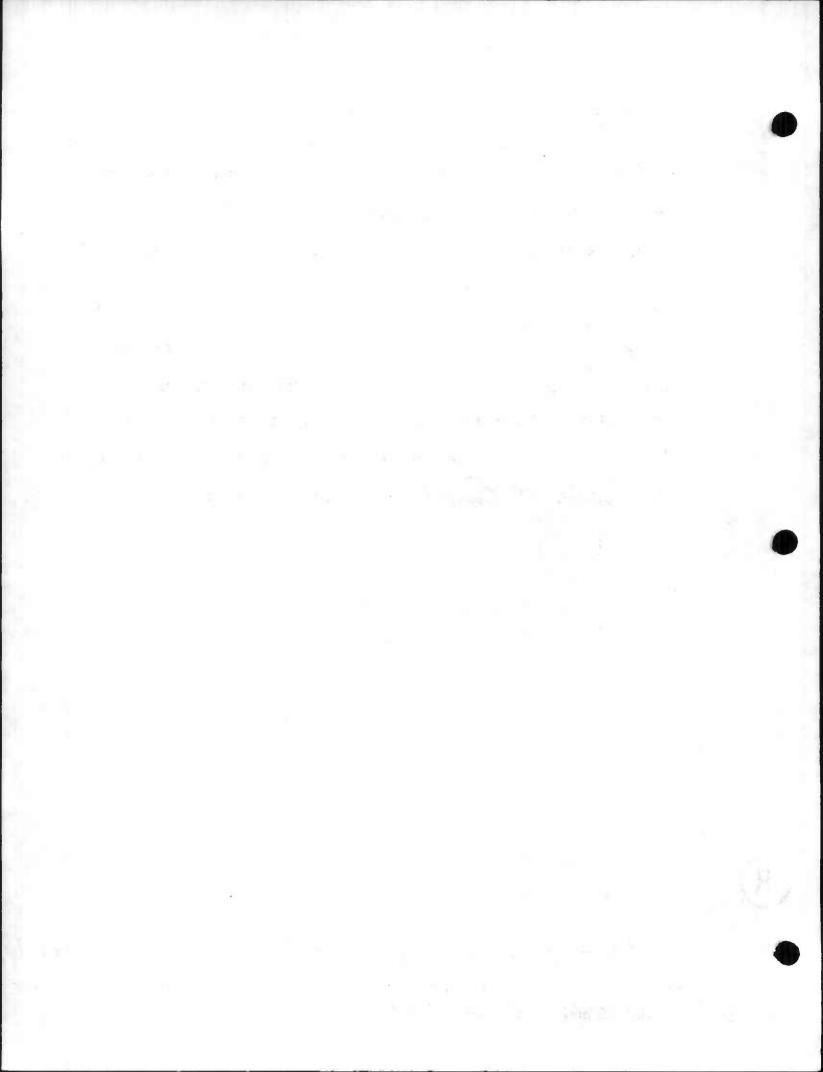
30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Salgzar

051051 Maides Chisce Jane, Catonsville, MD, 21228

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

111 2. Registrar's Signeture

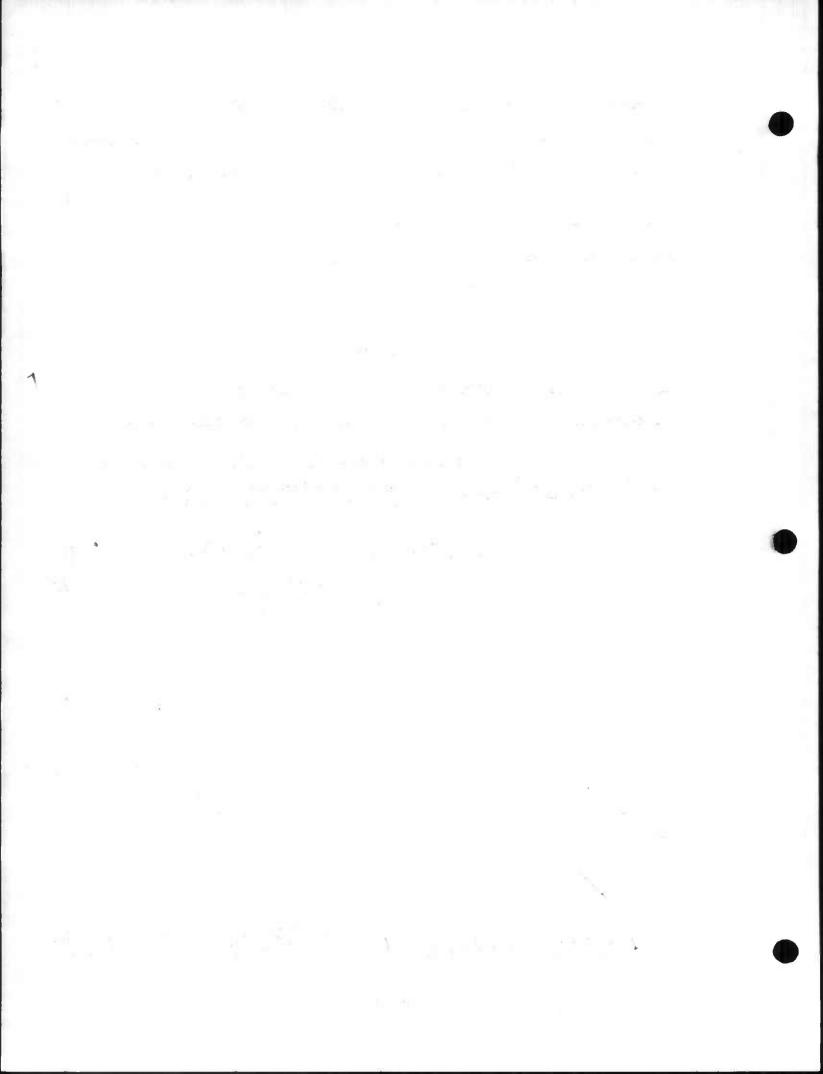
28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify)



State of Maryland / Department of Health and Mental Hygiene 97

97 20041

							C	erti	ficate of	f Death	1	R	eg. No.		20071
П			1. Decedant's Nama	(First, Middla, La	st)							2. Data of Deat	h		3. Time of C= th
	Physic		Dolores		Katl	herine			Sh	111		June 3	30 Day 199	7Year	10:45PM
Я	/Medi		4a. Facility Nama (# r	on institution aiv							wn orl	ocation of Death	_		200,100,11
г	Exami	ner				amber)								y of Death	
Н			1 Charles						William and Maria		Tows			Balti	
	Funeral		5. Social Security Nur		ax □M2K0F		rs. last birthda		If Under 1 Year Months Deys		24 Hrs. Min.	(Month, Day,	Year)	9. Birth	placa (State or Foraign ntry)
	Director		179-24-050	64		8	7 Yrs.					Aug. 16,	1909		Iowa
	P .		Usual Rasidance of D	ecadant 10b. County		10-	Oh. T		v						
	aryla aho	-	Too. Stata	Too. County		100.	City, Town or	Local	lion					1	10d. Insida City Limits
	W I	S	Ga.	Gwinne	tt	H	oschto	n							1 ☐ Yas 2 ☑ No
	# 12 P	Director	10e. Street and Numb	oar					10f. Zip Code			1	0g. Citizan of	What Cou	ntry?
	h wi		200 Deer	Creek T	rail				3054	Ω			US	7	
	dea dea	Funeral	11. Marital Status		12. Was Dad	adent Evar in	U,S. 13	3. Wa			igin? (Sp	ecify Yas or No- Rican, atc.)		ce - Amaric	can Indian,
0	r he		1 Naver Marriac	d 2 Married		2 XNo						Hican, atc.)	Ble	ack, Whita,	atc.
21215-0020	72 hours efter death with the Maryland naturel', or items 23e or 28e-f show disel Examiner must be notified at	by	3 ଔ Widowad 4	□ Divorced	li Yas, G Yaar or I			1 🗆	Yas 21X No	Spacity.	•		Specia	whi	te
ō	2 ho	P	1	5. Decedant's Ec	ducation		16a. Dad	edan	t's Usual Occi	upation			16b. Kind of E		
75	in 7	Completed	(Spacify	only highast gra	da complatad,		(Gir	va kin DO	of work done NOT usa ratir	a during mos	t of work	ring	100174110072	raon lacari	duotiy
212	filed within Hyglene. other than or	E	Elamantary/Sacond	dary (0-12)	Collaga ((1-4or 5+)			Maker	,			Own	Home	
	Hygle Hygle other	Ö	17. Fathar's Nama (F)	irst. Middla. Last)						18 Moth	ar's Nam	a (First, Middla, A			
an	Mental Mental arked o	Be												iiu)	
Maryland	should Ind Meni	1º	John	P.		O'Keef	T				neri		A.		mett
Ma	l 2 sho la m la m		19a. Informent's Nam				-					al Routa Number			
	s 1 end 2 should be filed within 72 hours efter death with the Marylan f Health end Mental Hyglene. If Health end Mental Hyglene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, me Medical Examiner must be notified at		Mrs. Kathe		nulte/d					ek Tra	ail l	Hoschton	, Ga.	30548	
Ore	of H		20a. Mathod of Dispos		Damoual frame		. Place of Dis camatary, cr	positi rema <i>t</i>	on (Nama of ony or othar pi	aca)	į	Data	20c. Location	- City or To	own, State
Ĕ	Peg mt: t		4 Donation 5				irfax	Men	norial	Park	7	/3/97	Fairfa	v 175	
altimore,	permit. Peges 1 en Department of Heal Important: If Item 2 any Injury or other once.		21. Signatura of Fune	ral Sarvice Licen	sae				lama and Add			,3,5,	- ULL LU	A, Va	•
œ	Depa impo any ir		the	· DY	BULL	-	F	Ruc	k Towso	on Fun	eral	Home, I	nc.		
			23a Part1 Enter the	disassa or com	olications that	caused the de						n, Md. 2			Annoulmate
L	***		23a. Part1. Entar tha shock, or haart i	iailura. List only	ona causa on	aach lina.	aui. Donote	i itali t	ma moda or dy	mig, such as	Cardiac	or raspiratory arra	151,	1	Approximate Interval Batwaan Onsat end Death
	Physician /Medical		Immediata Causa (Fi	nal	00	A ct	7100	1	1000	+ 1	2	nino	7	1	
	Examiner		disease or condition rasulting in daath)	1761	a. 21	XL 3	ale	Y	HULL	V 10		unu	ب	1.	TAL
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П	bed nsit	Examiner			b. (mai	UYYU	Ч	Office	Ju	9	-		1	1042
_	certificete be executed ding physicien end se es the buriel-trensit	xar	Sequantielly list cond if any, laading to imm	litions,		Dua to	(or as a cons	aque	nca oi): V		0				·
09	be e cien burie		Causa, Entar Undarly Causa (Disaasa or Inj	ring	C										
68760,	cete the	edicai	that initiated avants resulting in death) Las			Dua to	(or as a conse	equar	nca oi):						
×6	ding Ise es	ЛМе		L.	d									į	
Bo					g									!	
o.	The lew requires thet the death ste hes been signed by the etter page 2 should be deteched for t	Physician	Part II. Other significa	ant conditions co	ontributing to d	aath but not r	asulting In tha	unda	rlying causa g	ivan in Part	,	23b. Did to	bacco use co	onaributa te	o the cause of death?
<u>С</u>	at th	Ph)										1 □ Ye	8 2 No	3 Proi	bably 4 Unknown
Ś	as the greek	þ													
Record	v require been sig	ed										24a. Was an	n autopsy	24b. W	ara autopsy findings eilabla prior to
ပ္က	s be	pie												CO	mplation of causa daath?
	he lev e hes age 2	Completed										1 □ Ya	s 2 10 No		Yas 2 No
Vital			25. Was casa rafarrac	d ta madical						00 51	-! D!				103 20110
	Physician: r this certific aral director,	o Be	axaminar? 1 ☐ Yas 2 ☑ No		Hospital:	Innational O			0	thar		h (Check only on	-		
Ö	F E	: To	27. Manner of Daath		28a. Data		☐ ER/Outpati 28b. Tima		3□ DOA 28c. Init		irsing Ho	ma 5 Raside 28d. Dascribe ho			y)
חס	Attending For death. Sector: After by the funer	tior	1 Natural	5 Panding invastigation	(Mor	nth, Day Year)	Injury		28c. Inju W	onk? ∃Yas 2.⊟			,,		
S	Attendi	Ca	2 ☐ Accident 3 ☐ Suicida	6 ☐ Could not be		of laine. At	home form	*****			-	28i. Location (Sti	mat and Mum	horne Cue	A Courte Alumbus
Division of	5 4 7 5	Certification:	4 ☐ Homicida	datarminad	build	ing, atc. (Spa	cify)	oli aal	, lactory, office			City or Town		Der Or Hure	ir riodia ridinger,
	pital ours oral		200 Cartillas 45		-1-1- T -1										
	Hos 24 ho Fun Fun	edicai	29a. Cartifiar 1[(Check only 2[Medical Exam	inar: On tha b	asis of axami	nowladga, daa nation and/or i	ath oc invast	currad at tha t tigation, in my	ima, data an opinion, daa	d placa, th occurr	and dua to tha ca ed at tha tima, da	iusa(s) and m ita and place,	annar as s , and dua to	tated. tha causa(s)
	To the Hospital or A within 24 hours effer To the Funeral Direct completely filled in by	Mec		Do certifier	and man	nar stated.	-		29c Licen	_			9d. Data signe	,	
	_	***	> / /	Out	970		m n.	1)	12	250	1/	7/	116	97
	Oj		, (SKIA	w	W	V	/ (100		T	11	1	11
	\		30. Nama and addrass	s of parson who o	complated caus	sa oi daath (It	am 23a) (Type	e, Prir	nt)						
			Of Data Wat 15												
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	Registr	ai	901	- AM IRA		7									



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Degedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** 1081m 06 /Medical 4e. Fecility Neme (If not institution, give street end number 4b. City, Town, or Location of Deeth 4c. County of Dy **Examiner** more If Under 24 Hrs. If Under 1 Year 5. Sociel Security Number 6. Sex yrs. iast birthday) Funeral Deys 1 M 20 F 01-6/08 Yrs **Director** Usuel Residence of Decedent 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified at Director 1 Yes 2 No aryland 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ò 1822 Items 23a Funeral 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: Raca - American Indien, Bleck, White, etc. 11. Maritel Stetus Was Decadent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married ò Baltimore, Maryland 21215-0020 1□ Yes 2 No Specify. þ 3 Widowed 4 □ Divorced "natural". HMerican Trican Completed 16e. Decedent's Usuel Occupation
(Give kind of work done during most of working
life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry rede completed) permit. Peges 1 and 2 should be filed within Department of Heelth and Mental Hygiene. Important: If item 27 is marked other than ' Eiementary/Secondary (0-12) College (1-4or 5+) 10 17. Fether's Neme (First, Middle, Last) 18. Mot 19e. Informent's Name/Reletionship (Type, (daughter) 19b. Meiling Address (Street end Nur 5 3307 V 20b. Plece of Disposition (New Commeters, cremetopy or o 20a. Method of Disposition

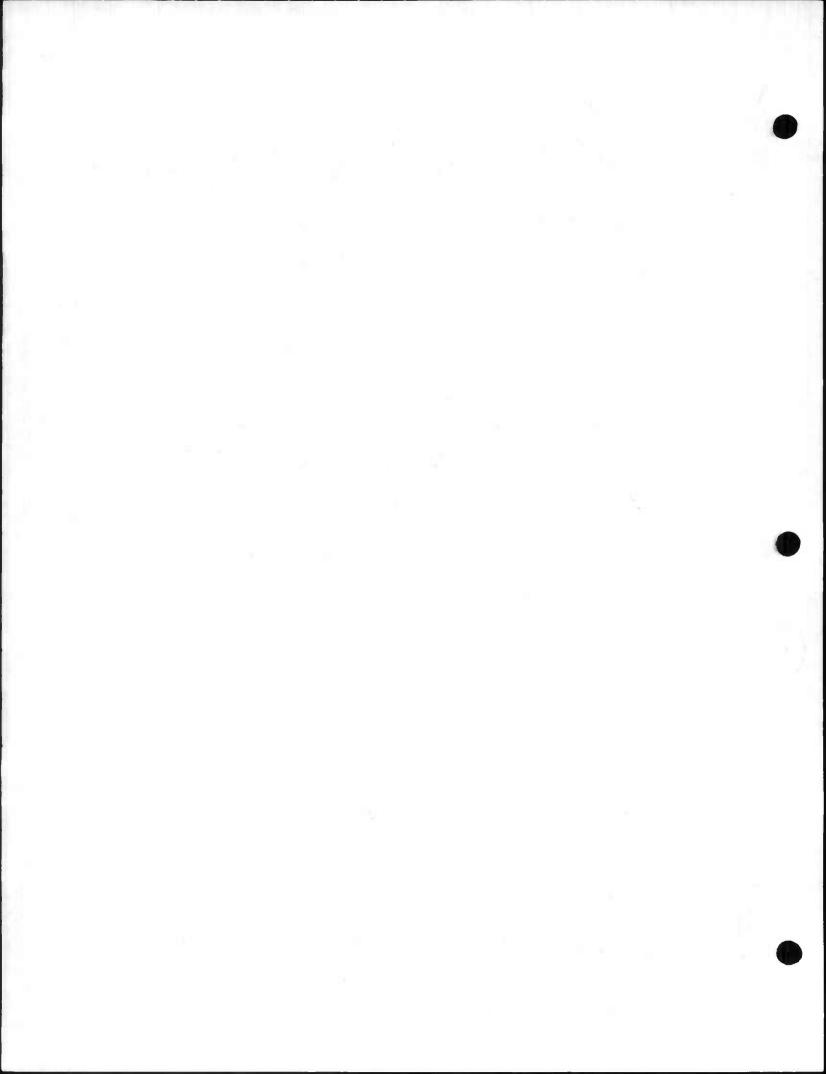
1 Burial 2 Cremetion 20c. Location - City or Town, State 3 Removal from Stete 4 Donation 5 Dother (Specify) ationa 110 21. Signeture of Funerel Service Licensee 22. Name end Address of Facility zeph North Ave or the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, the mode of dying, such as cardiac or respiratory arrest, the mode of dying and the cause on each line. **Physician** /Medical immediate Ceuse (Finel dinVascular disease diseese or condition resulting in deeth) Examiner Physician/Medical Examiner lenscen Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Couse (Diseese or Injury that Initiated events resulting in deeth) Last Due to (or es e consequenca of): Due to (or es e consequenca of): Pert II. Other significent conditione contributing to deeth but not resulting in the underlying cause given in Pert i. the 23b. Did tobacco usa contribute to the causa of death? been signed by should be detec 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown Records, þ 24b. Were eutopsy findings evaileble prior to completion of cause of deeth? Be Completed 24a. Was en eutopsy page 2 this certificate 1 ☐ Yes 2 ☐ No Division of Vital To the Hospital or Attending Physician: within 24 hours eiter death.

To the Funeral Director: After this certification of the funeral director, to the funeral director, the funeral director, the funeral director, the funeral director of the funeral director. 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) 1□ Yes 25 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Describe how Injury occurred 28b. Time of 5 Pending investigation Naturel 1 ☐ Yes 2 🗌 No 2 Accident 3 Suicide 6 ☐ Could not be determined 28e. Plece of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 - Homicide 29a. Certifier Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 | Medical Examiner: On the best of exemination and/or investigation, in my opinion, deeth occurred et the time, dete and plece, and due to the ceuse(s) and manner stated. 29b. Signature end title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) mathew 5411 OLDFREDERICKRD. BALTIMORF. MD. 21229 Aleyamma 31. Date filed (Month, Dey, Year) JUL 0 2 1997

32. Registrer's Signeture

DHMH 16 Rev 6/95

State Registrar



97-3596-510 A.M JACK SARGENT

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

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9	- [2	U	U	4

Year

1951 Maryland

4c. County of Death

29,1997

3 Time of Deeth

Birthplace (State or Foreign Country)

10d. Inside City Limits

1 ☐ Yes 2 No

4:07 Pm

2. Date of Death

8. Date of Birth (Month, Dey. Yeer) June 26, 1

Month

JUNE

4b. City, Town, or Location of Death

BALTIMORE

l	Physici /Medic Examir	cal
	Funeral Director	
	Maryland a-f show	ctor

ò

"natural", or Items 23a

permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental Hygiene. Important: if Nem 271s marked other than "natural", or lier any Injury or other traumatic event, the Medical Evanties ARS.

Physician /Medical

Examiner

attending physician and for use as the burial-transit

signed b

page 2

The law requires that the death certificate be executed

Records, P.O. Box 68760,

Vital

Examiner

Physician/Medical

þ

Be Completed

Certification: To

Medicai

Baltimore, Maryland 21215-0020

traumatic event, the Medical Examiner must be no

Dane Sargent Jack 4e. Facility Name (If not institution, give street and number) ST. AGNES HOSPITAL ER 5. Social Security Number 7. Age (In yrs. last birthday) 1 X M 2 F 214-56-6680 10a Stete 10b County MD. Baltimore Dire 10e. Street end Number 2920 Charleston Avenue Funeral 12. Was Decedent Ever in U,S.
Armed Forces?

1 ☐ Yes 2 ☐ No
If Yes, Give X
Year or Dates: 11. Marital Status 1 ☐ Never Married 2 ☐ Married à 3 Widowed 4 Divorcad Completed

1. Decedent's Name (First, Middle, Last)

10f. Zip Code 10g. Citizen of What Country? 21227 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☐ No Specify:

If Under 1 Year If Under 24 Hrs.

Days

46

College (1-4or 5+)

Yrs.

10c. City, Town or Location

Lansdowne

14. Race - American Indian, Black, White, etc. Specify White

16b. Kind of Business/Industry

U.S.A.

15. Decedent's Education (Specify only highest grade completed) Elementary/Secondery (0-12) 12th

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) Sales Co-Manager

Popkin Door Company 18. Mother's Name (First, Middle, Maiden Surname)

17. Father's Name (First, Middle, Last) Wilbur N. Sargent 19a. Informant's Name/Relationship (Type, Print)

Georgia Ann Kouns 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

Georgia Sargent (Mother) 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State

20b. Place of Disposition (Name of cemetery, crematory or other place) Cedar Hill Cemetery

101 Ridge Avenue Baltimore, Maryland 21227 of Disposition (Name of City or Town, Stete 7/3/97 Baltimore, Maryland

4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee

McCully-Polyniak Funeral Homes

Kevin E. Ecker

237 E. Patapsco Ave. Balto., MD. 21225 Pert1 Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock or heart failure. List only one cause on each line.

Approximate Interval Between Onset end Death

Immediate Ceuse (Final disease or condition resulting in death)

a Hypertensive Atherosclerotic Cardiovaxular Disease Due to (or es a consequence of):

Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Diseese or Injury that Initieted events resulting In death) Last

Due to (or as a consequence of)

Due to (or as e consequença of)

25. Was case referred to medical examiner?

Myes 2□ No

4 Homicide

29e. Certifier

Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24a. Was an autopsy performed?

171 Yes

24b. Were autopsy findings available prior to completion of cause of death?

1 ☐Yes 2 ☐ No

26. Plece of Death (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of 28d. Describe how Injury occurred

28a. Date of Injury (Month, Dey Year) 27. Manner of Death 28c. Injury at Work? 5 Pending investigation 1. Netural 1 Tes 2 No 2 Accident 6 Could not be determined 3 Sulcide

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29b. Signature and title of certifier

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and pleca, and due to the ceuse(s) end menner as steted.

Medical Examiner: On the best of examination and/or investigation, in my opinion, deeth occurred et the time, date and place, and due to the cause(s) and manner steted. 29c. License number 29d. Date signed (Month, Day, Year)

30. Name end address of person who completed cause of death (Ipm 23a) (Type, Print)

OCME

JUNE 30, 1997

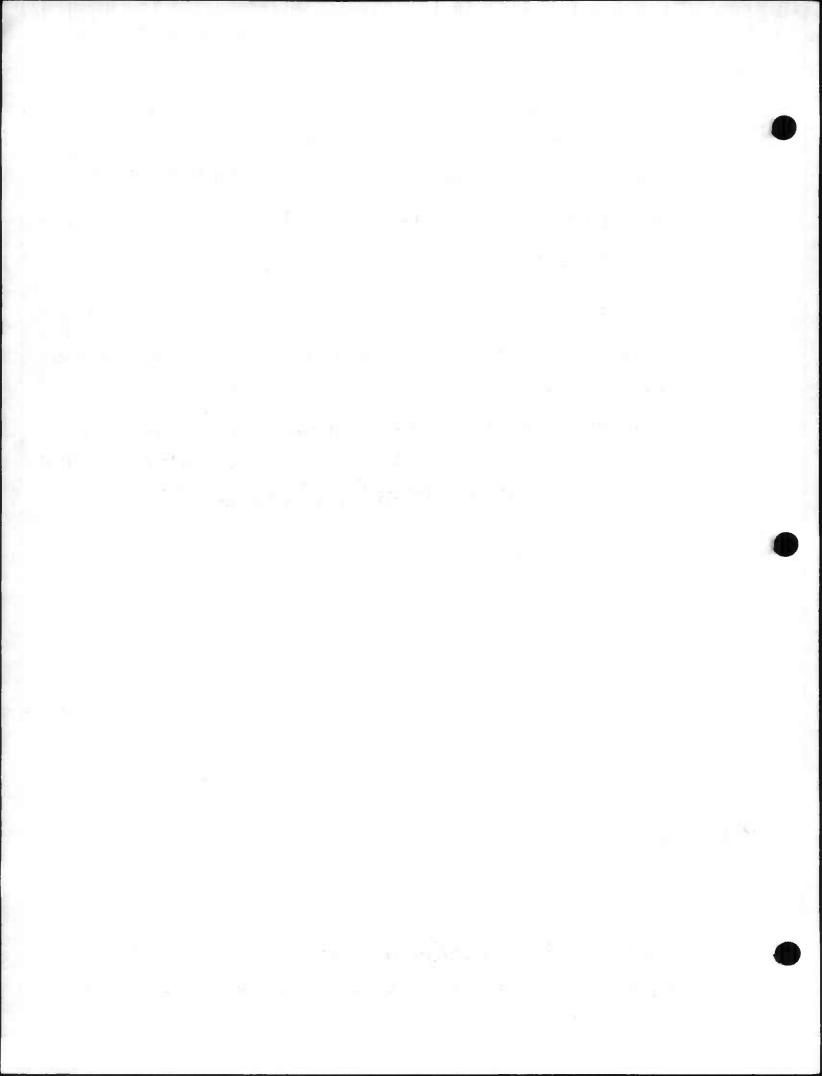
Hospital:

Stephen S. 18 31. Date filed (Month, Day, Year) JUL 02 1997 S. Radentz 111 Penn Street, Baltimore, Maryland 21201

State Registrar Jakeginear's Signaturandesse

10

To the Hospital or All within 24 hours after To the Funeral Direct completely filled in by



State of Maryland / Department of Health and Mental Hygiene 97 20044 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Chester Tippens

4a. Facility Nama (If not institution, giva street end number) 0655 AM 28 June 4b. City, Town, or Location of Death 4c. County of Death Harbor Hospital Baltimore City Baltimore City If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Yeer) 6. Sex 7. Age (In yrs. lest birthday) Birthplace (Stete or Foreign Country) 157M 2□ F 88 Yrs June26,1909 West Va. 10c. City, Town or Location 10d. Inside City Limits Baltimore Dundalk 1 Yas 2 No 10f. Zip Code 10g. Citizen of What Country? 21222 USA 99 Kent Way 12. Was Decedent Ever in U,S. Armed Forces? 1 [XYas 2 □ No If Yes, Give Year or Datas: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 ☐ Yas 2 X No Specify: Specify: White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) Pipe Welder Beth. Steel 17. Father's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Sumame) Ruth Smith

3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) 12 yrs.

John H. Tippens

5. Social Sacurity Number

10a Stete

Md. 10e. Street and Number

11. Marital Status

213-09-1779

10b County

Usual Residence of Decedent

Physician

/Medical

Examiner

Funeral

Director

ns 23a or 28a-f show must be notified at

Nems 23a

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"natural",

Hygiene.

permit. Pages 1 and 2 should be filed to Department of Health and Mental Hygis Important: If item 27 is marked other 1 any Injury or other traumatic event.

Physician

/Medical

Examiner

buriel-transit end

the

for use as

signed by t

peen

After this

Physician/Medical

by

Completed

Be

Certification: To

Medicai

29a. Certifier

filed within 72 hours efter

Baltimore, Maryland 21215-0020

Director

Funeral

þ

Completed

19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code)

19a. Informant's Name/Ralationship (Type, Print) Philip Tippens

22 Liberty Parkway Dundalk Md. 21222

20a. Method of Disposition 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) Oak Lawn Cem.

20c. Location - City or Town, State Baltimore

design, or complications hat caused the daath. Do not enter the mode of dylng, such as cardiac or respiratory arrest, inlure. List only one cake on each line.

22. Name and Address of Facility Connelly Funeral Home Of Dundalk 7110 Sollers Point Rd. 21222

Immediate Cause (Final disease or condition resulting in death)

Aspiration Pneumonia

Interval Between Onsat and Death 07 days

Recurrent aspiration Pneumonia

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or Injury that initiated events resulting In death) Last

Dementia of Alzhimer's Type

years

Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

son

23h. Did tohacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an eutopsy performed?

24b. Were eutopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 No

1 Yes 20 No 25. Wes case referred to medical 26. Place of Death (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2NNo 27. Manner of Death 28a. Data of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred

1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete)

6 Could not be determined 28e. Place of Injury - At home, farm, streat, factory, office building, etc. (Specify) 4 ☐ Homicide

29b. Signature and title of certifier

JUL 0 2 1997

15 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) and manner es stated.

2 Madical Examiner: On the bests of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(s) and manner stated. 29c. License number

Much mgilani Clinical Extern

29d. Dete signed (Month, Dey, Year) AS2441614-25 6/28/

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

AJMAL MASOOD GILANI 8858-Tamar Drive Apt #201 Columbia, MD 21045 31. Date filed (Month, Dev. Year)

State Registrar 32. Registrar's Signature

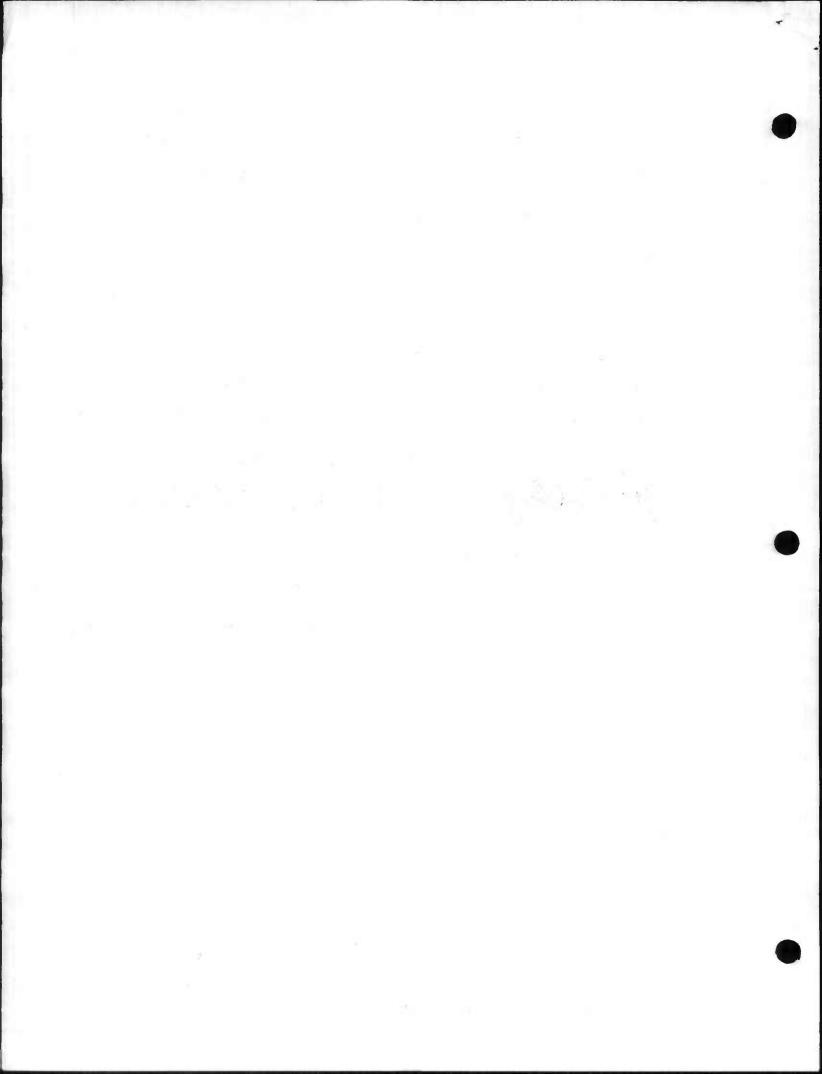


of-Vital

Records, P.O. Box 68760. lew requires that the death certificate be

Division

 Hospital or Attanding P.
 24 hours efter deeth.
 Funeral Director: Affer tiletely filled in by the funere To the Hospital or within 24 hours eff To the Funeral Di completely filled in



State of Maryland / Department of Health and Mental Hygiene 97 20045

						Cer	tificate of	f Death			Reg. No.			
ı	Physic	ian	1. Decedent's Name (First, Middle, Li							Date of De		Year	3. Tima of Death	
J	Physic /Medi		JOHN 1		HRLE				9	340	76	1977	01:10	,
	Exami	ner	4a. Fecility Name (If not institution, gi					4b. City, Tow			4899	dty of Death		
L	1 1 10	Į.	5. Social Security Number 6.				If Under 1 Yea		Time	_	CH			
j	Funeral Director			Sex 1)S M 2□ F	(In yrs. last bir	Yrs.	Months Day			Date of Birt Month, Da Lay 5	^y 1 ⁹ 31	9. Birthpl	lace (State or Forei try)	ign
	Marylenc	ctor	MD 10b. County Baltimo		10c. City, Tow Bal		cation nore Cit	У				10	0d. Inside City Limi Yes 2 □ N	
	th with the 23e or 28 unt be no	ai Director	317 W. Franklin S	t.			10f. Zip Code 21201				10g. Citizen d USA	of Whet Coun	lry?	
020	within 72 hours effer deeth with the Maryland ene, "natural", or liems 23e or 28e-f show he Medical Examiner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Ev Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:		lf lf	Vas Decedent of Yes, specify Cu	ban, Mexican,	in? (Specify Puerto Rica	Yes or No- n, etc.)	E	lace - America Black, White, e city: Whit	etc.	
5-0	in 72 hours "natural",	eted	15. Decedent's E (Specify only highest gr	ducation	16a.	Decede	ent's Usual Occ	upetion	of working		16b. Kind of	Business/Ind	iustry	
21215-0020	44 Table 148	Completed	Elemantary/Secondary (0-12)	Collage (1-4or 5+)	Sup		kind of work don 10 NOT use retii narket W		or working		Eddie	es Mark	cet	
	be filed tal Hyg d othe event,	To Be C	17. Fether's Name (First, Middle, Last Unknown	Weh	rle			18. Mother Unkr		st, Middle,	Maiden Sum	ame)		
, Maryland	E = 01 .	_	19a. Informant's Name/Ralationship	Type, Print)			g Addrass (Street						Code)	
Baltimore,			20a. Method of Disposition 1X Burial 2 ☐ Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Speci		cem eter	y, crem	sition (Name of satory or other pi lem. Gar		Jul 199	y 3	20c. Location	n - City or To	wn, State	
Balt	permit. Pages Depertment of Important: If it any injury or once.		21. Signature of Funeral Service Lice Dean P Charlto			1	Name and Add harlton 007 Eas		al Hom	e	re MI	21231		
			23a. Part1. Enter the disaasa, or com shock, or haart fallure. List only		ne deeth. Do r								Approximate Interval Batween	
0,	Physician /Medical Examiner	Examiner	Immediata Cause (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	bSU	ua to (or as a c	JE.	» MAI		ncy				4WEE	ري الم
ox 68760,	eath certificate be executed attending physician and for use es the buriel-transit	n/Medical	Cause (Disease or injury that initiated events resulting in death) Last	d	ue to (or as a c	onsequ	ence of):							
. Bo	death e atter	Icla	Part II. Other significant conditions of	contributing to death but	not resulting In	the un	deriving cause o	iven in Part I		23h Did t	obacco usa	contribute to	the cause of deati	h2
s, P.O.	thet the death med by the atte	by Physician	LONG ALCOHOL								res 2 No			
Records	S been sign	Completed b								24a. Was a	an autopsy med?	ava	re autopsy findings illable prior to appletion of cause leath?	
E.	ate page	mo.								Ky	es 2□No	1□	Yes 2 No	
Vital	certificat	Be	25. Was casa referred to madical examiner?					28. Place o	of Daath (Ch	eck only o	na)			-
of	Physician: this certific ral director,	ို	1 Yes 2 No	Hospitai:	2 ER/Out	tpatient	3□ DOA O	thar: 4 🗆 Nurs	ing Home	5 🗆 Rasid	lance 6 🗆 C	ther (Specify)	
Division (ttending death. stor: After / the fune	Certification:	27. Manuer of Death 1. Natural 2 Accident 3 Suicide 4 Hemiside	00-01	(ear) Ir	ime of njury		Yes 2 No			ow injury occ		Route Number,	
Š	무를		, ,	building, etc. ((Specify)					City or Tow	n, State)			
	To the Hospital within 24 hours To the Funeral completely filled	edical	(Check only one) 2 Medical Exam	niner: On the basis of example and manner state	xamination and	/or inva	astigation, In my	opinion, daath	occurred at	the time, o	date end plec	a, end due to	the causa(s)	
	To the within 2 To the comple	M	29b. Signeture end title of certifier				29c. Licer	ise number		2	29d. Date sig	ned (Month, D	Jey, Year)	
)	2		July	82 M	٨		De	051	972	- !	JUNE	26,	1997	
	5		30. Nama and address of person who RICHARD LAMS		th (Itam 23a) (Type, P	rint) STREE	T 754	1071~	wore	MD	212	.01	
	Sta	te	31. Date filed 101th, 02 7397	32 Register's	Signature A	nde	2							

should be had. A og beerga jejs till statists till statists. 7 . n n:. TO AN EXPONENT r. . n nt and the second of the second s Install Install c c mean more conthe manufacture and masses, (2); a trade and a little of the first Big amilet on the A.S. properties and the

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 20046

	Items24a	,25	,26,27,30 7-2-97 Film		r Doctor	Cer	tificate of	Death		Reg. No.		
Г	Physic	ian	Decedent's Name (First, Middle, william Will:	•					2. Date of De Month	Dey	Year	3. Time of Death
	/Medi		4a. Fecility Name (If not institution,		hori			4b. City, Town, or	May		(D) (b	5:12 PM
Ä	Exami	ner	Johns Hopkins		oer)			Baltime				e City
	Funeral				. Age (In yrs. las	st birthday)	If Under 1 Yee					
	Director		unknown Usual Residence of Decedent	15₹M 2□ F	70	Yrs.	Months Days	Hours Min.		28, 19		placa (State or Foreign ntry) .known
	a-f show	otor	10a. State 10b. County unknown unknown	own		Town or Loc NOWN	cation				1	10d. inside City Limits unknown Ures 2 No
	har death with the Marylar Rerns 23s or 28s-f show (ner must be notified at	Funeral Director	10e. Street and Number unknown				10f. Zip Code unkno	wn		10g. Citizen of U.S.A		ntry?
020	N 9 E	by	11. Marital Status unknown 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Deced Armed Force 1	ent Ever in U,S. es?unknot D No es:	wn 13. W	Vas Decedent of Yes, specify Cui	Hispenic Origin? (S ban, Mexican, Puer Specify:	Specify Yes or No to Rican, etc.)		ce - Americ lck, White, by: B1	
Maryland 21215-0020	vithin 72 hourn ne. han "naturel", a Medical Exi	To Be Completed	15. Decedent's (Specify only highest of Elementary/Secondery (0-12)	rade completed) College (1-4	ior 5+)	16a. Deced (Give I life. D		upation e during most of wo ed)	rking	16b. Kind of B		dustry
42	they the	ပိ	unknown 17. Father's Neme (First, Middle, La	unknov	VII		unkno		me (First, Middle	Maidan Cuma	mal	
yland	Mental H arked of atto eve	To Be	unknown	si)				unknow		, Maiden Sumar	ne)	
	2 str and is m		19e. Informent's Name/Relationship Victoria Richar					ill Road,				
Baltimore,	Pages 1 and ment of Health ant: If them 27 ury or other to		20a. Method of Disposition 1 Burial 2 Cremation 3 4 Donation 5 Nother (Special Contents)	in sta	919	ce of Dispos netery, crem	ition (Name of atory or other pla	эсе)	Date	20c. Location	- City or To	own, Stete
Ball	permit. Page Department of Important: If any injury or once.		21. Signature of Funeral Service Lic Ronal	Nade	, pirec	tor 22	Name and Addr State An Baltimor	ess of Facility atomy Boa e, Maryla	ard, 655 and 2120	W. Bal	timor	e Street
	192 J. 20	П	23a Part1. Enter the disease, or co hock, or heert failure. List on	mpilcations thet cau ly one cause on eac	used the deeth. ch line.	Do not ente	r the mode of dy	ring, such es cardia	c or respiratory e	rrest,		Approximete Interval Between
	Physician /Medical Examiner		Immediate Ceuse (Final disease or condition resulting in deeth)	^	CUD						•	Onset and Death
	D S	Iner	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ho	Due to (or a	s a consequ	uence of):					488
0, 0	ificata be executed g physician and as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initieted events	b	Due to (or a	s a consequ	ience of):					0-3
x 68760,		Medical	that initiated events resulting in death) Last	c	Due to (or es	s a consequ	ence of):					
Box	eath cert attendin	clan	Date of the state									
P.O.	that the death led by the atter datached for u	Physician/	Part II. Other significant conditions	contributing to deat	th but not resultii	ng in the un	derlying cause g	iven in Part I.		tobacco use co Yes 2□ No	3 Pro	o the cause of deeth? bably 4 🗆 Unknown
Records,	w requires that been signed should be dat	Completed by								en eutopsy ormed?	av co	ere autopsy findings allable prior to impletion of cause
I Re	The law rate has b paga 2 s	Comp							10	Yes 2 No		death? ☐ Yes 2☐ No
Vital	Physician: The this certificate ral director, pag	Be	25. Was case referred to medical examiner?	Monitali			\/ 0		ath (Check only	one)		
of	this al di	2	1 Yes 2 No	Hospital: 1 Inp		VOutpatient	SALDON		lome 5 ☐ Resi			(ע
ion	Attending For death. Sector: After by the funer	ation	1 Natural 5 Pending 2 Accident investigati	28a. Dete of (Month, on	Day Year)	Bb. Time of Injury	28c. Inju Wo M 1	ork?]Yes 2∐No	280. Dascribe	how injury occur	rred	
Division	af or Attanding Is after death. If Director: After ed in by the fune.	Certification:	3 Suicide 8 Could not determine	d 28e. Place of	Injury - At home , etc. (Specify)	e, farm, stre	et, factory, offica	1	28f. Location (City or To	Street and Numl wn, State)	ber or Rura	al Route Number,
	To the Hospital or A within 24 hours after To the Funeral Dire completely filled in the	edical	29a. Certifier 1 Certifying F 2 Medical Expone)	Physician: To the beaminer: On the basi	s of examination	dge, deeth and/or inve	occurred at the testigation, in my	ime, date and place opinion, death occu	e, and due to the urred at the time,	cause(s) and made and place,	anner as s and due to	tated. the cause(s)
	To the within 2 To the comple	Me	29b. Signature and title of certifie	A a 1	7		29c. Licen	se number		29d. Date signe	Month,	Day, Year)
			Deved 1	arca			1216	770		6/54	(97	
			30. Name and eddress of person who David Goldscher MD		•			1220		*		
	Sta	te	31. Date filed (Month, Day, Year)	JOUI LOCK	Mars Signation	va Ral	to,MU. 2	1230				
	Registr	-	JUL 02 1997	Hulle	wantasi -	a day	3					

State of Maryland / Department of Health and Mental Hygiene 97

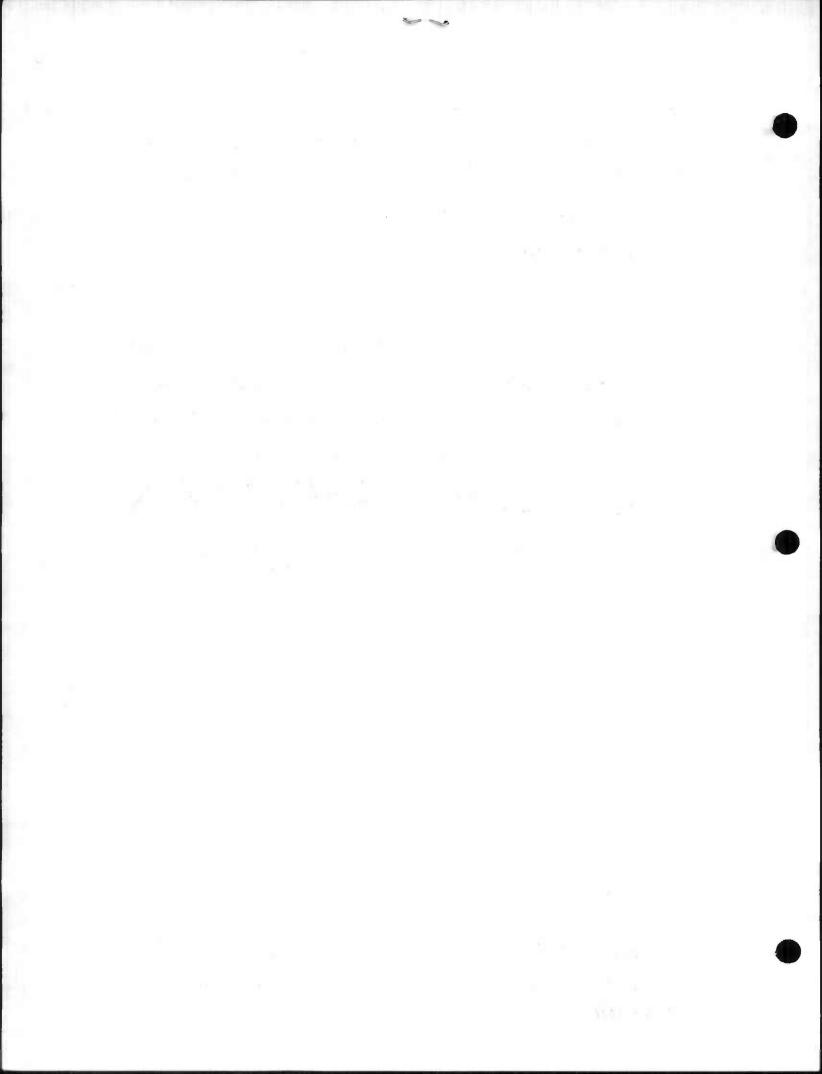
Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** WARNELL 2:50 PM /Medical JUNE 4a. Facility Nama (If not Institution, giva straat and number) 4b. City, Town, or Location of Daath 4c. County of Death Examiner BON SECOUR HOSPITAL BALTIMORE CITY 6. Sax 1 🖾 M 2 🗆 F 5. Social Security Numbar 7. Aga (In yrs. last birthday) If Undar 1 Yaar | If Undar 24 Hrs. 8. Data of Birth Month Day Year DEC 1, 1960 **Funeral** 9. Birthplaca (Stata or Foreign BALTIMORE, MD. Months Days Hours Min. 36 218-78-7840 Director Usual Rasidanca of Dacedant with the Maryland 10a. Stata 10b. County item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examinat must be notified at 10c. City. Town or Location 10d. inside City Limits MARYLAND YOYAS 2 No Director BALTIMORE 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 804 N. APPLETON STREET 21217 permit. Pages 1 and 2 should be filed within 72 hours after death a Department of Health and Mental Hygiene. Important: If Itam 27 is marked other than "natural", or Items 23s any Injury or other traumatic event. Funeral USA 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva 11. Maritai Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 1 Navar Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: þ Specify: AFRO. AMERICAN 3 Widowad 4 Divorced Yaar or Datas Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) UNKNOWN UNKNOWN 17. Fathar's Nama (First, Middla, Last) Be 18. Mothar's Nama (First, Middla, Maidan Surnama) DELEON WILKES 2 IRENE WILKES 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) DENISE 804 N. APPLETON STREET, BALTIMORE, MARYLAND 21217 WILKES WIFE 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cramation 3 □ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) MT. ZION CEMETERY 6/30/97 LANSDROWN, MARYLAND 21. Signatura of Funaral Sarvica Licensee ÉSTEP BROTHERS FUNERAL HOME, P.A. 1300 EUTAW PLACE, BALTIMORE, MARYLAND 21217 23a. Part1. Enter the disease, or complications that ceused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Death **Physician** /Medicai Immediata Causa (Final disaasa or condition rasulting in daath) ENDSTAGE RENAL DESCASE 245 Examiner Examiner Deep Vein Thrombosis hat the death certificate be executed use as the burial-transit Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Causa (Disaasa or Injury that lighted ayang properties) attending physician and P.O. Box 68760, Dependant Diabetes Mellitus Physician/Medical that Initiated avants rasulting In death) Last Dua to (or as a consequance of): Anemia Normocytic Part II. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? ed by the 1 Yes 2 No 3 Probably 4 Unknown Records. ģ Completed 24b. Wara autopsy findings available prior to completion of ceuse of death? 24a. Was an autopsy performed? certificate has The 1 ☐ Yas 2 No 1 Yas Division of Vital Hospital or Attanding Physician: Be 25. Was casa rafarred to medicel axaminar? 26. Placa of Daath (Check only ona) Hospital: 1 Inpatiant 1 Yas 2 No 2 Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Othar (Specify) 2 ER/Outpatient 3 DOA this 27. Mannar of Daath Certification: After 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 1 ANatural 2 Accidant 5 Panding Invastigation death. I Director: A 1 Yas 2 No 3 ☐ Sulcida 6 Could not be datarmined 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 24 hours after of Funeral Direct etely filled in by 4 Homicida Medica 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29a. Cartifiar within 24 hor To the Fune completely fi To the 29b Signat 29c. Licansa number 29d. Data signed (Month, Day, Year) Attending 5 iberty Halits Baltimore M721215 State Registrar

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middla, Last) 2. Data of Death 3. Time of Deeth **Physician** Month VUNE 25 1997 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** NURSING CENTER CHTONS VILLE

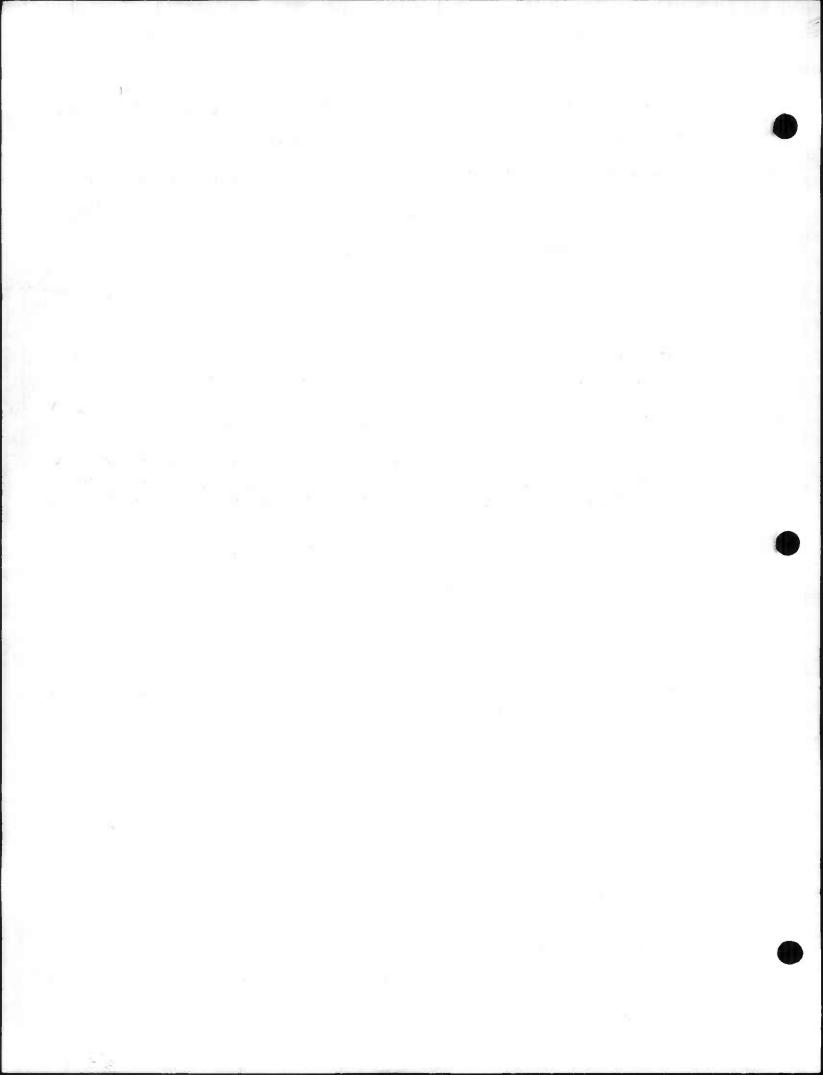
7. Age (In yrs. lest birthdey) | If Under 1 Year | If Under 24 Hrs. | B. Dete of Birth (Month, Dey, Yo. 7/29/12 FREGERICH V.11a Bplto. Co. 7. Age (In yrs. lest birthdey). 84 Yrs. 5. Sociel Security Number Birthplece (State or Foreign Country)
 GEORGIA **Funeral** 1□ M 2# F 255 18 6872 Director Usuel Residence of Decedent the Maryland 3a or 28a-f show 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City LlmIts N/A 1# Yes 2□No Director MD. BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? ural", or items 23a of Examinar must by 1510 POPLAR GROVE 21216 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2# No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puarto Rican, etc.) 14. Reca - American Indian, Black, White, etc. AFRO 11. Marital Status Pages 1 end 2 should be filed within 72 hours after nent of Health and Mental Hygiene.
ant: if item 27 is marked other than "natural", or ite ury or other thatmatic event, if a Mental in a fire weath. 1 Never Married 2 Married 21215-0020 1 ☐ Yas 2 No Specify: by Specify: AMERICAN 3 Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grede completed) Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) HOMEMAKER HOME 10 Baltimore, Maryland 17. Father's Neme (First, Middle, Lest) 18. Mothar's Name (First, Middle, Maiden Surneme) Be **HENRY** SMITH ANNIE Ρ. SMITH 19e. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) JULIA DURANT DAUGHTER 1510 POPLAR GROVE ST. BALTO. MD. 20b. Pleca of Disposition (Neme of cametery, cremetory or other pleca) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State permit. Page Department of Important: If any Injury or once. ARBUTUS MEM. PARK 7/1/97 ARBUTUS, MD. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Fundal Sarvice Licensee ESTEP BROTHERS FUNERAL HOME P.A. 1300 EUTAW PL. BALTO. MD. Pert1. Exter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heert failure. List only one ceuse on each light. Approximata ntervel Betw Onset end Deeth **Physician** /Medical Immediete Ceuse (Final Charic Obstructive Palmonary diseese or condition resulting in death) Examiner Physician/Medical Examiner inne that the death certificate be axecuted bunial-tran Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): Box 68760. Due to (or es e consequence of): P.O. 1 Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Records. ģ 24b. Were eutopsy findings aveileble prior to completion of cause of deeth? Be Completed 24a. Was an autopsy performed? he law 20 No 1 ☐ Yas 2 ☐ No 25. Wes case referred to medical 26. Piece of Deeth (Check only one) exeminer? 1□ Yes > No Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending Investigation Division Neturel To the Hospital or Attanding within 24 hours after death.
To the Funeral Director: Any completely filled in by the fun 1 Yes 2 No 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the ceuse(s) end manner as steted.

| Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the ceuse(s) end menner steted. Medical 29e. Certifier (Check only one) 29b. Signature and titla of certifier 29c. Licansa numbar 29d. Data signad (Month, Day, Yaar) 6/27 D47683 97 Tarmona White 30. Name end ediress of person who completed cause of death (item 23e) (Type, Print) 25 Kaymond Miller Main Street, Suite 200 Baltimore, MD Registrer's Signature State



State of Maryland / Department of Health and Mental Hygiene 97 20049

							Ce	rtificate of	Death			Reg. No.		
	Physic		1. Decedent's Name (First, Mid Lillie M. Wild								2. Date of De Month June	eath Day	Year	3. Time of Deeth
	/Medi Examii		4a. Facility Nama (If not instituti 2127 Penrose A		t and nun	nber)				wn, or Loc	ation of Death	h 4c. Coun	ty of Death	7a.m.
S.	Funeral Director		5. Social Security Number 219–20–8454 Usual Residence of Decedent	6. Sax 1 ☐ M		7. Age (In yrs	. last birthday) Yrs.	If Undar 1 Yea Months Days		24 Hrs. Min.	8. Date of Bir (Month, Da Sept.	th ay, Year) 23,192		place (State or Foreign ntry)
	Ba-f show	Director	10a. State 10b. Count	y N/A			ity, Town or Lo							10d. Inside City Limits ¥□ Yas 2□ No
	ath with the 23a or 2		10e. Street and Number 2127 Penrose A	venue				10f. Zip Code 21223				U.S.A.	What Cou	ntry?
020	filed within 72 hours efter death with the Maryland thygiene. ther than "natural", or ferms 23a or 28a-f show ont, tra Medical Exactions mast be notified at	by Funeral	11. Marital Status 1 □ Nevar Married 2 □ Ma 3 □ Widowed 4 ☆ vivorce	mled 1	/as Dece rmed For ☐ Yes Yes, Giv ear or Da	2 X No		Was Dacedent of If Yes, specify Cu 1 ☐ Yes XXNo			cify Yes or No lican, etc.)		ace - Ameri ack, White, ify: Bla	
215-0	d within 72 ho jiene. r than "netul v = Mee cel	Completed	15. Decede (Specify only high Elementary/Secondary (0-12)		pletad)	Ans Est	(Giva	dent's Usual Occu kind of work done DO NOT use retir	e during mos	t of workin	g	16b. Kind of	Business/In	dustry
Maryland 21215-0020	be filed within tal Hygiene. od other than event, tre M	Be Com	10th Grade 17. Father's Name (First, Middle		ollage (1	-40r 5+)			18. Mothe	er's Name	(First, Middle,	Easter		ducts
ylar	should be and Mental I is marked of urmatic even	To B	Thomas Wilder								McCulle			
	tra tra		19a. Informent's Name/Relation Paulette Wells	ship <i>(Type, P</i>	^{rint)} da	ughter	19b. Maili	ng Address (Stree Penrose						
Baltimore,	permit. Peges 1 an Department of Heat Important: If Item 2 any Injury or other once.		20a. Method of Disposition 1 ☑ Burial 2 ☐ Communion 4 ☐ Donetion ☐ Other (Specify)	al tropes	TIMO	uid Ri	osition (Name of matory or other pl dge Ceme	tery		Date	20c. Location		
Bal	Depar Impor any In		21. Signature of Funeral Service	Licenses	7	1.		2. Name and Add		NUL		neral H		/
	Physician /Medical Examiner	ner	23a. Part I Solve the disease, though or head takers. Lift immediate Cause (Final disease or condition rasulting in death)	е				Re the mode of dy quence of):						Approximata Intervel Between Onaet and Death
ox 68760,	n certificete be executed anding physician and use as the bunet-transit	in/Medical Examiner	Sequentially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c	, II.	O Due to (or es a consec	quenca of):					•	
.O. Bo	the deeth y the ette iched for	Physician/	Part II. Other eignificant condit		-	^	sulting in the u	nderlying cause g	iven in Part I.					to the cause of death?
<u>a</u>	es that igned b be deta	by	Draset	7 N	Jel	Yilun				_	10	Yes 2€No	3 □ Pro	obably 4 ☐ Unknown
Vital Records,	aw requass been 2 shoul	Completed										an autopsy prmed?	av	Vere autopsy findings vailable prior to empletion of cause death?
alB	The ete h page										10	Yes 2 No	11	☐ Yes 2☐ No
5	Physician: rthis certific rel director,	To Be	25. Was case referred to medic examiner?	Hospita	al:	patiant 2] ER/Outpatier	nt 3 DOA	ther		(Check only o		th /C	4.1
ion of	Attending Phys or death. ector: After this by the funerel di		27. Manner of Death		a. Date o		28b. Time of Injury	f 28c. Inju	-	28		danca 6 🗆 Othow Injury occu		9)
Division	교육등등	Certification:	3 ☐ Suicide 6 ☐ Could deten	not be nined 28	e. Place o	of Injury - At h g, etc. (Speci	nome, farm, str	reet, fectory, office	1	28	Bf. Location (S City or Tox		ber or Rur	al Route Number,
	To the Hospital within 24 hours e To the Funeral i completely filled	edical (29a. Certifier (Check only one) 1 Certifyi 2 Medica	Examiner: 0	: To the I	sis of examina	owledge, death ation end/or in	occurred et the t vestigation, in my	ime, date en opinion, deat	d plece, er th occurred	d at the time,	ceuse(s) and n date and place	nanner as s , and due t	stated. o the cause(s)
)	To the To the comp	2	29b. Signature and title of cartific	Zuru	4	, m/.	7	29c. Licer D 2.1	6 25	6		29d. Date sign	ed (Month.	Day, Year)
	6		30. Name and eddress of person BICH DUST	who complet	ed cause	of death (Ite	m 23e) (Type,	Print)	181~	d B	alti	mne	MO	21230
	Sta Registr	te	31. Date filed (Month, Day, Year JUL 0 2 1997		32. Re	gistrar's Sign	ature							

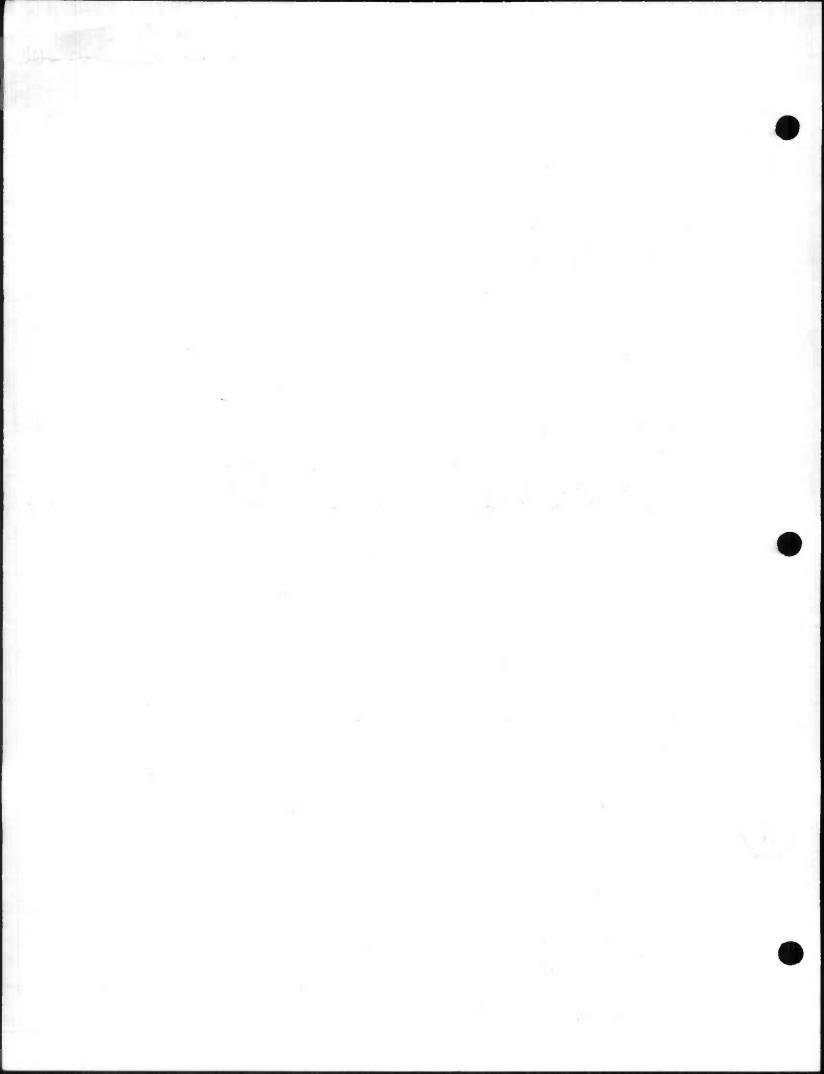


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

20050

				,	C	ertificate of	Death	F	Reg. No.		.0000
П			1. Decedent's Name (First, Middle, La	st)				2. Data of Das	ith		3. Time of Death
ı	Physic		Robert Lee	117006				Month	Day 28	Year	6:00pm
١.	/Medi Exami		4a. Facility Name (If not institution, giv				4b. City, Town, or			_	Ø.copik
П	Exami	IC!			C - 1		1	0 1011			V
Н			5. Social Security Number 6.5		n yrs. last birthde		r If Under 24 Hrs			geric	
L	Funeral Director			1 X M 2□ F	85 Yrs.	Months David		(Month, Day	(, Year)		ca (State or Foreign
	and w		10a. State 10b. County	10	c. City, Town or	Location	-			10d	. Inside City Limits
	Aary Tah	5			0 .	1 - 1 -					1 Yes 2 No
	26a-	Director	Maryland Freder 10e. Street and Number	ICK	Preder				ton Oliver of H	The A Country	
	death with the Maryland ms 23s or 28s-f show		Toe. Street and Number			10f. Zip Coda			10g. Citizen of V	vnat Country	1
	ath 23	Ta .	1301 Danberry	Drive			1703		USA		
	er de	Funeral	11. Marital Status	12. Was Decedent Ever Armed Forces?	r in U,S. 1	Was Decedent of If Yes, specify Cu	Hispanic Origin? (S ban, Mexicen, Puer	specify Yes or No- to Ricen, etc.)	14. Raci	e - Americen k, Whita, atc	
20	whin 72 hours after death with the Marylan jiene. "natural", or items 28s or 28s-f show then Wolfred Examiner mant to multified at	Y	1 Navar Married 2 Married	1 Yes 2 No		1 ☐ Yes 2 ☑ No	Specify:		Specify	2	
00	our.	d by	3 Widowed 4 □ Divorced	Year or Dates:		,			,	12100	LK
21215-0020	72 h	Completed	15. Decedent's Ed (Specify only highest gra	ducation ade completed)	16a. De (Gi	cedent's Usual Occu ive kind of work done b. DO NOT use retir	pation a during most of wo	rking	16b. Kind of Bu	isiness/indus	stry
2	within ene. than "	du	Elementary/Secondary (0-12)	Cotlege (1-4or 5+)					and a		
		8	4	NIA	Tr	uck Dr			Truck	king	
Pu	be filed ital Hygid d other avent, I	Be	17. Father's Name (First, Middle, Last,)			18. Mother's Na	me (First, Middle,	Maiden Sumam	e) 0	
Vla		၉	John Ward				ma	Hic u	Jarz		
Maryland	E E E		19a. Informant's Name/Relationship (Type, Print)	19b. Ma	ailing Address (Stree	et and Number or R	ural Route Numbe	r, City or Town,	Stata, Zip Co	ode)
	C TO C		Shirley Dulin	(Daughter) 130	1 Danb	erry Dr	Eved	Herick	md	21703
P.	of Heat Item 2 other		20a. Method of Disposition	Carried S	20b. Place of Dis	sposition (Name of trematory or other pl		Date	20c. Location -		
Baltimore,	Pages ent of nt: If Its ry or o		1 Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specif				,	1-10.	A		\ \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
量	rtan rtan		21. Signatura of Funeral Service Line	·	Nage	Memori	al	65197	migm	17 -	lordia
Ba	permit. Page Department of Important: If any Injury or once.		21. Signatura di Punerai Service Lila	To Comment		22. Name and Add	ess of Facility	ouglas	tunero	I Se	rojee
	40100		(arllow C	Juglan		1701 MG	Culloh :	St. Bo	Himor	e.m.	6 21217
			23a. Part 1. Enter the disease, or comshock, or heart failure. List onty	plications that ceused the one cause on each line.	death. Do not	antar fha moda of dy	ing, such as cardia	or raspiratory ar	rest,	A	pproximate nterval Between
П	Physician									0	Inset and Death
4	/Medical		Immediate Cause (Final disease or condition	. Cardio	o Ar	ree1				1	
	Examiner		resulting in death)		e to (or as a cons						
_		ner				rtery d	Legges				
	rificate be executed ng physicien end as the buriel-transit	Examiner	Sequentla by list conditions		to (or as a cons		126626	-			
Ċ,	exec in en fel-tr	EX	Sequentially list conditions, if any, teading to immediate cause. Enter Underlying		0 10 (01 40 4 0011	50420.100 01/.					
92	sicie bur	edical	Cause (Disease or Injury that Initiated events	COPD	10 /or 00 0 000	agueras of).				-	
68760,	ficat phy s th	Pa	resulting in death) Last		i fo (or as a cons	equence or).					
		3		d wro Se	psis						
Box	death cer e attendir ed for use	Siar									
o.	0 0 0	Physician/I	Part II. Other significant conditions of	ontributing to death but no	ot resulting in the	underlying ceuse g	jiven in Part I.	23b. Dld t	obacco use cor	ntribute to th	he cause of death?
P. 0	that the ed by th detach		DUT, Herpes	5 70ster	denre	ession 5	0 220	101	res 2 No	3 Probat	bly 4 Unknown
Ś,	es the	by	uvi, herpe	2 203101	Schie	33101	actase				
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ec.	aw 2 s	ple	CIERBINS CIKE							of de	oletion of causa ath?
ď	0 - 5	E						1 D Y	es 2 HO	1 D Y	es 2 No
ta	an: The	Be C	25. Was case referred to medical				26 Place of De	ath (Check only o	nel		
>		To B	examiner? 1 ☐ Yes 2 ☐ NO	Hospitat: 1 ☐ Inpatient	2 ☐ ER/Outpat	tient 3 DOA	ther:	fome 5 ☐ Resid		or (Specify)	
ō	* Ye		27. Manner of Death	28a. Date of Injury	28b. Time				low injury occur		
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≦	after Direct	Certification:	4 ☐ HomIcide determined	building, etc. (S	Specify)	Street, lactory, office	•	City or Tow		or or maran	route rvariour,
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	To the Hospital within 24 hours To the Funeral completely filled	edical	(Check only 2 Medical Exam	ysician: To the best of minior: On the basis of exa	amination and/er	ath occurred at the investigation, in my	time, date and place opinion, death occe	s, and due to the our	cause(s) and ma date and place, a	inner as state and due to th	ed. ne cause(s)
	the the	Med	one)	and manner stated							
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						Din	50880		10/2	18 9	7
	0		30. Name and address of person who	impleted cause of death	n (ttem 23a) (Typ	e, Print)			Ť		
	4		N. David To	in his	130	Thomas	Johnson	m Dr#	5 Fre	deric	CK MY SING
	Sta	te	31. Date filed (Month, Day, Year)	32. Registrar's		,		., .,			
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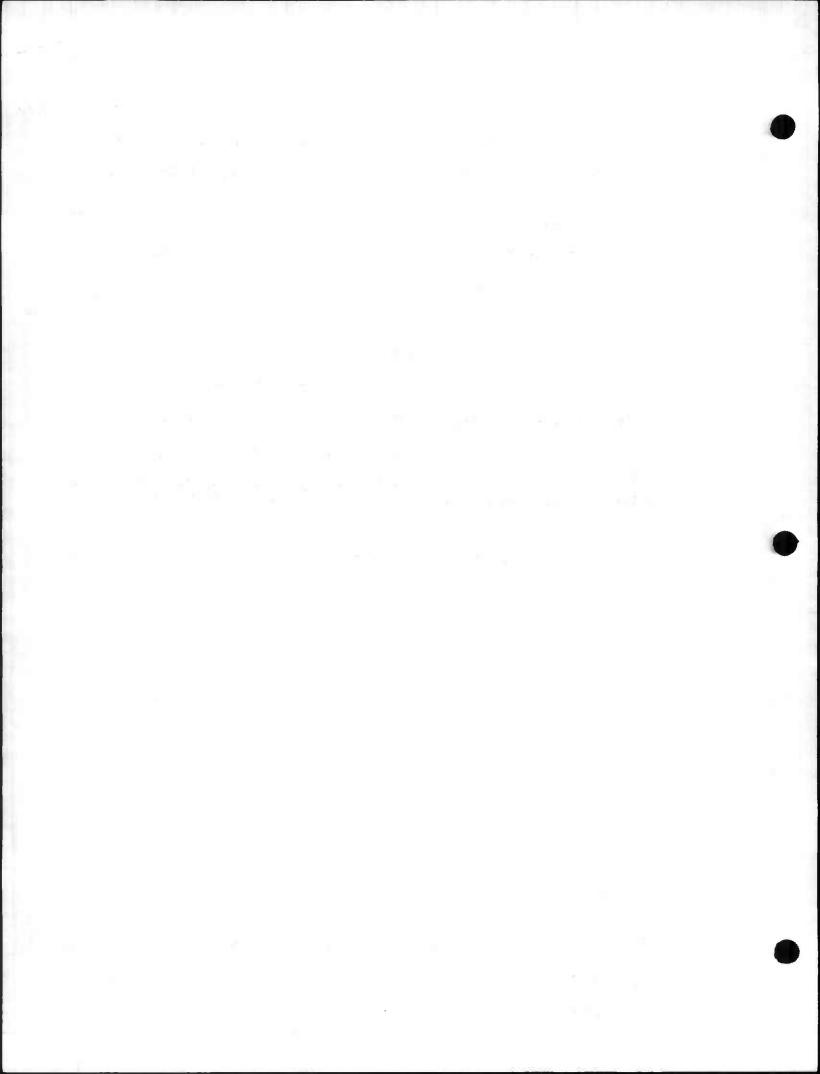
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State of Maryland / Department of Health and Mental Hygiene 97 2005 I

December Name Control									Ce	rtificate	e of	Death			Reg. No	0.	-	C. U C	0 1
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The Courty Town of Location 100 City, Town or Location 100 City, Town													24 Hrs. Min.	8. Dete of E (Month, I	Birth Dey, Year	han	Cou	intry)	_
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27. Mennar of Death 1 Market 2 Market	=	The ata h	S											15	Yes 2	≥□No	1	☐ Yes	25 No
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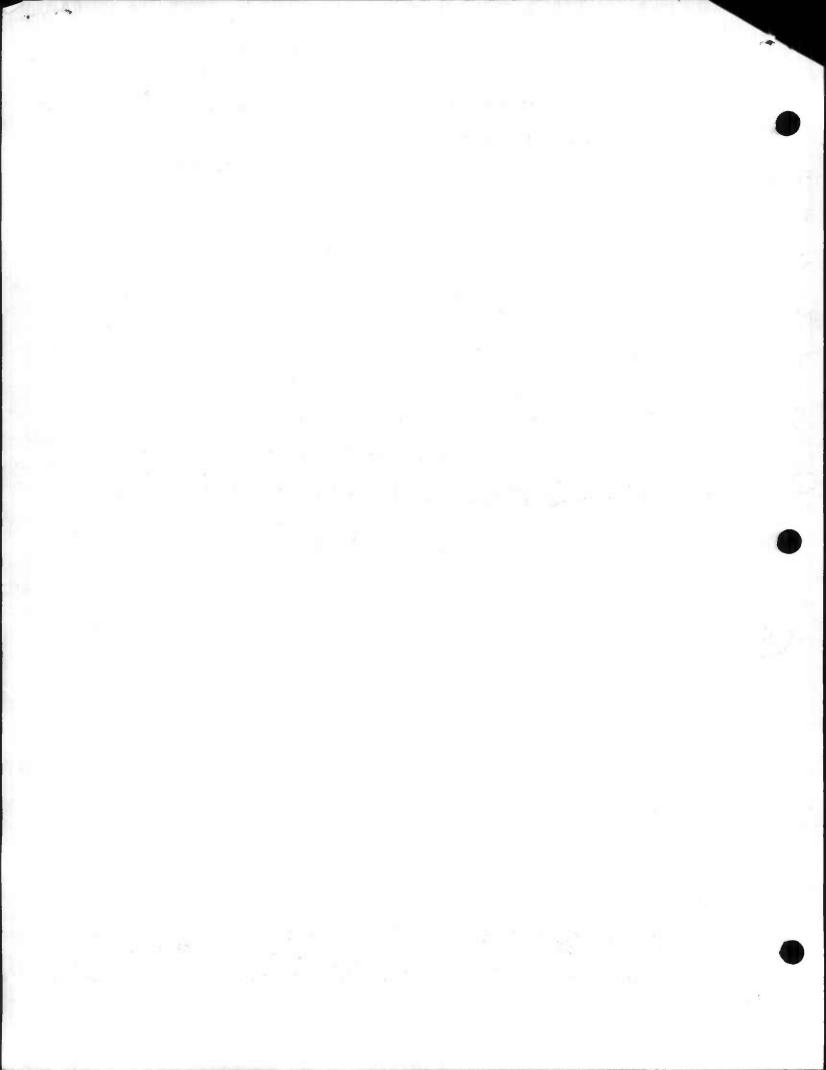
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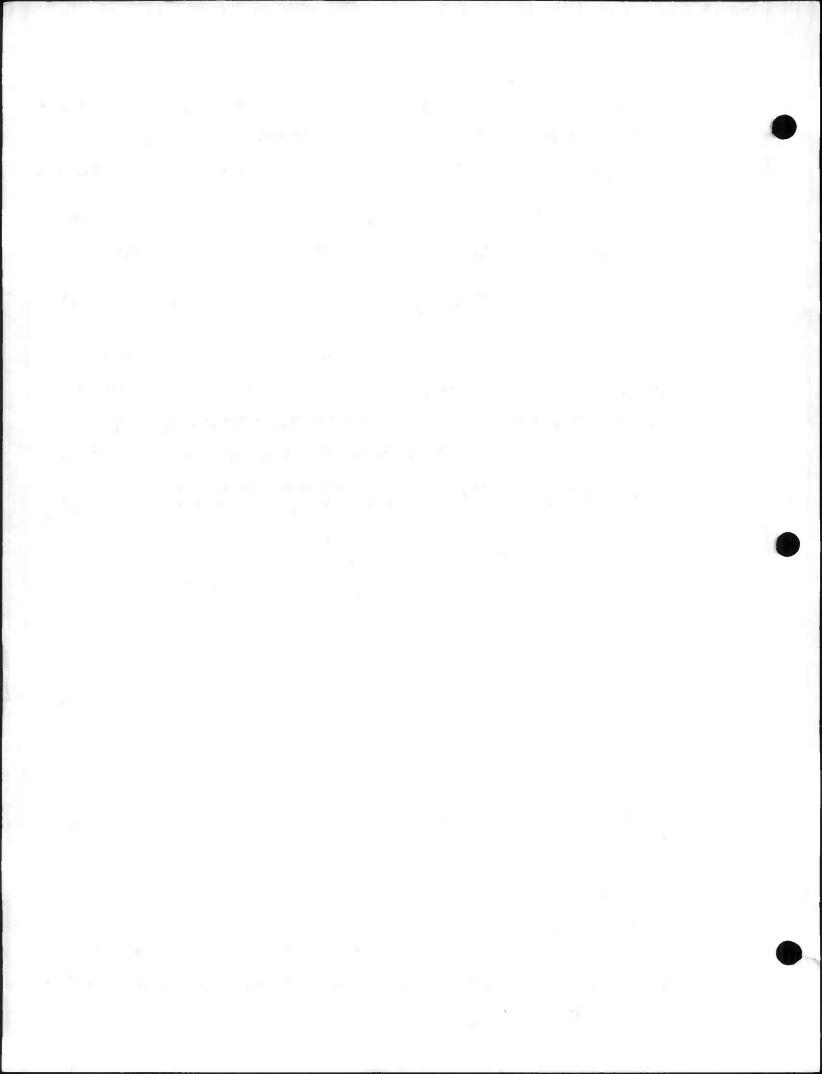
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				Ce	rtificate of	Death	R	eg. No.	1 200	0 2
Phys	lcian	1. Decedent's Name (First, Middla, Las					2. Data of Dear Month		3. Time o	
	dical	Benjamin Al		r.			June 28		9:59	p.m.
Exar	niner	4a. Fecility Name (If not institution, give	· ·	.		4b. City, Town, or	Location of Deeth	4c. County of		
		Greater Baltimor 5. Sociel Sacurity Number 6. Sa			If Undar 1 Yaar	Towson if Under 24 Hrs	9 Date of Birth	Baltimo		
Funer Direct	_		XM 2□ F 65	Yrs.	Months Deys		8. Date of Birth	-31 Ma	Birthpieca (Stata Country)	or Foreign
pung # w		10e. Stata 10b. County	10c, C	ity, Town or Lo	ocation				10d. Inside C	ity Limits
May May	to	Md. N/A		Balt	imore				1 Xvas	2 □ No
th the or 28 o not	ire.	10e. Street end Number			10f. Zip Code		1	0g. Citizen of Whe	et Country?	
death with the Maryland ms 23s or 28s-f show croust be notified at	ie i	1503 Argonne Dr	ive		212	218		USA		
21215-0020 1 within 72 hours after death with the Marylar liens. 1 than "natural", or listes 23e or 28e-f show the Medical Examine, must be notified at	by Funeral Director	11. Marital Status 1 Never Merried 2 Marriad 3 Widowed 4 Divorced	12. Wes Decadant Ever in U Armed Forces? 1 A Yes 2 No A1 If Yes, Give Yaar or Datas: 1954	cmy	Was Dacadent of I If Yes, specify Cub 1□ Yes 2X No	Hispenic Origin? (S pan, Mexican, Puerl Specify:	pecify Yes or No- o Rican, etc.)	Black,	American Indien, White, etc. Black	
5-0 72 ho	Completed	15. Decadent's Ed (Specify only highast grad		16e. Deced	dent's Usuei Occu	petion	rking	16b. Kind of Busin	ness/Industry	
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ylan ylan Mental urked o	To Be	Benjamin A. A	dams Sr.				ne (First, Middle, I Blackwe			
Z PALL		19e. Informent's Neme/Reletionship (7) Charlotte Adams		19b. Meilir 1503	Argonn	tend Number or Ru ne Drive	Balto.	, City or Town, Ste	ete, <i>Zip Code)</i> 21218	
aftimore, mit. Pages 1 ar partment of Hea contant: if Nem. if Injury or other		20e. Method of Disposition **Disposition 3 1 4 Donetion 5 Other (Specify,	Ramoval from State	cametary, crer	esition (Neme of matory or other ple	emetery		20c. Location - Cit Pikesv:		d.
Bailt Depart Imports any inj	SUCE	21. Signeture of Funeral Sendon Liberal	35 C'SIL			ess of Fecility Coner Ave.				17.
		23a, Partt. Enter the disease, or comp	lications that caused the dee	th. Do not ant	er the mode of dyi	ng, such as cerdiad	or respiretory arm	ast,	Approxime	le
Physicia /Medica Examine	al	Immediate Ceuse (Final disease or condition resulting in deeth)	. C V #	4	(5	Grok	e]		Onset end	
	ē.		Due to (or es e conseq	quenca of):					
uted	Examiner	Consumate the Box and distance	b	or es e conseq	, , , , , , , , , , , , , , , , , , , ,					
		Sequentially list conditions, if any, leeding to immediate cause. Enlar Underlying Ceuse (Diseese or injury that juited exercises)	Due to (or es e conseq	(uence or):					
	edicai	Ceuse (Diseese or injury thet inItieted events resulting in daeth) Lest	c. Due to (c	or as a conseq	uence of):					
OX Output	2		d							
d # # 6	Physician/	Part II. Other significant conditions co	ntributing to death but not res	sulting in the u	ndedvina cause ai	ven in Part i	23h Did to	hacco use contri	bute to the cause	of death?
tree de tree de constant de co	hys	PILALI	INIACA.	Juliang III talo di	ndonying oddao gr	VOIT HTT OILT.			□ Probably 4 🖸	1
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HECONGS, P.O. le law requires that the de has been signed by the a ge 2 should be detached	Completed	- Renal	failui	e			24e. Wes e perform	n eutopsy ned?	4b. Were eutopsy aveilable prior to completion of deeth?	findings to ause
= + # g	Com	-CAD	Cownai	7 arte	or, die	eare	1 □ Ye	s 2 No	1 🗆 Yas 2 🗆	No
Of Vital Physician: T this certificat ral director, pa	Be	25. Wes case referred to medical exeminer?	lospital:		l Out		eth (Check only on	e)		
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ding After fune	ton	1 ☑Naturel 5 ☐ Pending 2 ☐ Accident investigation	28e. Dete of Injury (Month, Dey Yeer)	Injury	Wo	rk? Yas 2□No	200. Describe no	w injury occurred		
or Attending after death. Director: After in by the fune	flca	3 Suicide 6 Could not be	28e. Piace of Injury - At h	ome, farm, str			28f. Location (St.	reet end Number o	or Rural Route Num	iber.
a affe	Certification:	4 Homicide	building, etc. (Special	fy)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		City or Town	, Stete)		
DIVISION OF To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical (29e. Certifier (Check only one)	sician: To the best of my kno ner: On the basis of examine end menner stated.	owledge, death etion end/or inv	occurred et the time restigetion, in my common and comm	me, dete end piece opinion, deeth occu	, and due to the ce rred et the time, de	euse(s) end menne ete end place, end	er as steted. I due to the ceuse(s	i)
To the To the To the Comp	×	29b. Signeture end title of certifier	1 00		29c. Licans	a number	29	6/29	Month, Dey, Year)	
15		30. Name and address of person who co	empleted cause of death (Item	n 23a) (Type, I	Print) 7 N.	Chas	les st	Balt	6 Ad.	1120
S Regis	tate trar	31. Date filed (Month, Dey, Yeer)	32. Registrar's Signe	don-Pan	delli					



State of Maryland / Department of Health and Mental Hygiene 97 20052

			ITEM#26 PER.	PHYS. 7/	3/97 F	1 M#G74	9 II.A.	Cei	rtificat	e of	Death			Reg.	No.	1	20000
	Physic	an	1. Decedent's Nama	(First, Middle, L									2. Date of	h	Day .	Year	3. Tima of Death
	/Medi		ANN					AXEL					JUNE	-	^D 1997		9:40PM
,	Examir	ier	4a. Facility Nama (If SINA)	not institution, g I HOSPI'		and number,					4b. City, To BALT			Death	4c. County		
	Funeral Director		5. Social Security Nu 127-09-3	574	Sax 1□M 2		ga (In yrs. I 84	ast birthday) Yrs.	If Undar Months	1 Year Days		24 Hrs. Min.	8. Data ((Mont) SEPT	of Birth h, Day Yo	1912	9. Birthp Cour	place (State or Foreign ntry) NEW YORK
	and *		Usual Rasidance of I	Dacadant 10b. County			10c. City	, Town or Lo	cation								Od. Inalde City Limits
	Marylan f ehow	or	MD	,	N/A				LTIMO	RE							1 □Yes 2 □ No
	r 28a-f eh	Director	10e. Street and Num	ber	,				10f. Zip					10g.	Citizan of V	What Cour	44
	death with the Maryland ms 23a or 28a-f ehow r must be notified at	ai D	4001 CI	LARKS LA	., Al	PT. 20)4			2	1215				U	JSA	
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8	72 hours natural;		3 ☐ Widowed 4		Ya	ar or Datas:	1			22				4.01			WHITE
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altimore	permit. Page: Department of Important: If i any injury or once.		4 □ Donation 5			0	•				ass of Facili		0/	23/3	DAL	11110	id, in
38	permit. I Departm Importar any inju		· A	all	MI	15	41.	2.6			VINSO		BROS,	INC	•		
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2	Physician /Medical Examiner		immediata Causa (F disaasa or condition rasulting in death)	failura. List ont	aC	hro	wic	as a consag	uanca of):	.l	ini 1	PUL	n, (des	ilon		Approximate Interval Batween Onset and Death
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00	be exe ician ar burial-t		Sequantially list conditions, laading to immoduse. Enter Underlicausa (Disaasa or Inthat initiated avants	nadiata ying		Co	N.C.a	nture	1	e m	1	F	, 0,	w			
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×	ding p			U	d												- 1
Bo	death certificete e attending phys of for use es the	clan															
P.O.		Physiclan/	Part II. Other aignific	ant conditions	contributin	g to death b	out not rasu	tting in tha ur	ndarlying ca	ausa gi	iven In Part i	i.					o the cause of death?
	signed b	by P												1 Yes	2□ No	3 Pro	bably 47 Unknown
Records,	noc nbe.	Completed b											24a.	Was an a performed	utopsy 1?	ev	era eutopsy findings allabta prior to mplation of cause
Re	The law rate has by page 2 st	E C													. N.		death?
tal	ician: The lav certificate has rector, page 2	BeC	25. Was casa rafarra	d to medical				-			OS Disease	- of Doot		1 Yas	2 No	11	☐Yes 2☐No
S	Physician: this certific ral director,	To B	axaminar? 1 ☐ Yas 2 ☑ N		Hospitai	1 🗆 Inpatie	ant 2	R/Outpatien	t 3 DO	A Ot	har:		h <i>(Check d</i> oma 5□		e 6 XOIN	er (Specif	5 mergenc
Division of Vital	ding Phy th. : After this s funeral		27. Manner of Death 1 ♥ Natural 2 □ Accidant	5 Panding		Data of Inju (Month, Da		28b. Tima of Injury		8c. Inju					Injury occurr		Keen
Jivisi	i or Attendii efter death. Director: A d in by the fu	Certification:	3 ☐ Suicida 4 ☐ Homicida	6 Could not l datarminad	00 00-	Place of Inj building, at	ury - At hor c. (Spacify,	ma, farm, stra	aat, factory	, office				ion (Stree or Town, S		er or Rure	I Route Number,
	To the Hospital or Attending Physician: within 24 hours effer death. To the Funeral Director: Affer this certific completely filled in by the funeral director.	edical C	29a. Cartifiar 1 (Check only 2 one) 2	☑ Certifying P	minar: On	tha basis of	faxaminati	rladga, daath on and/or Inv	occurrad a	at tha ti	ima, data an opinion, daa	ed placa, ath occur	and dua to	tha caus ima, data	a(s) and ma and place, a	nnar as si	lated.
	ithin of the complete	Me	29b. Signeture and fil	la of certifie/7	атк	d manner st	ated.		29c	Licen	se number			29d	Data signed	d (Month	Day Year)
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	Sta	te	31. Data filed (Month,		- 11	32. Registr				110	, 41 1		رسن	J-41	Dill	1.0	.0 3.11
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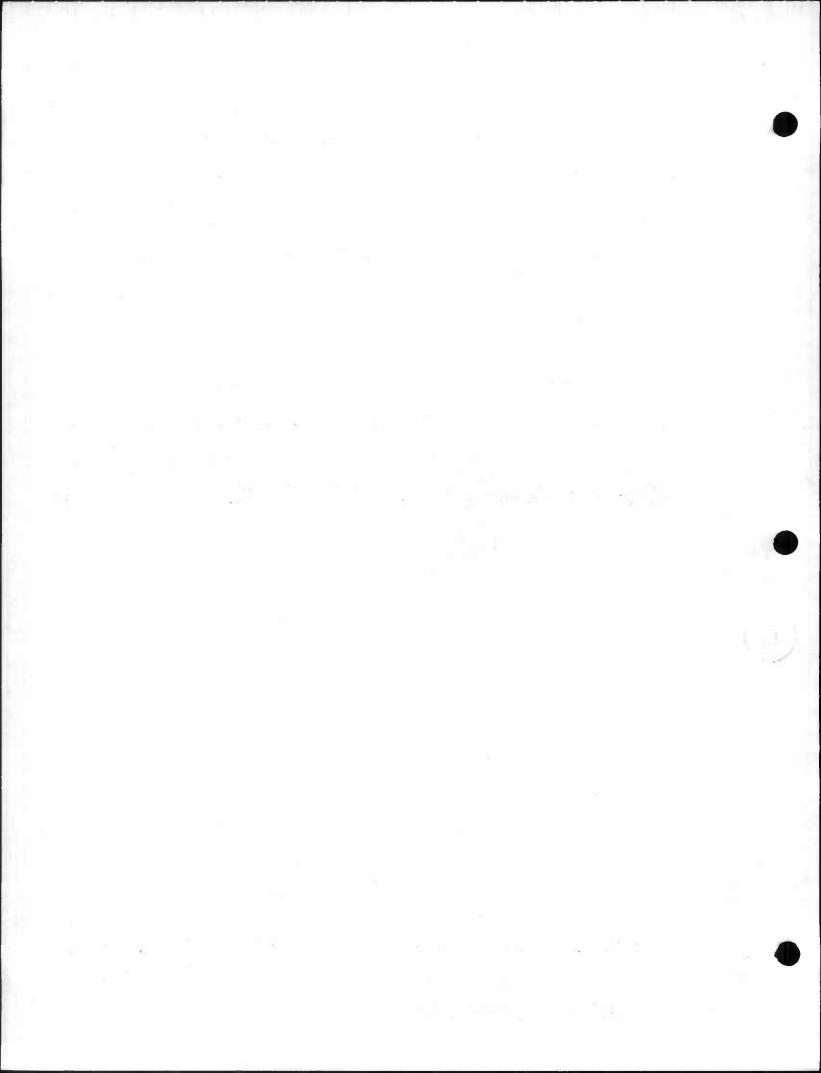
State of Maryland / Department of Health and Mental Hygiene Q 7 20051.

					Certificate of	Death		Reg. No.	1 20034
	Physic /Medi		Decedent's Neme (First, Middle, Last)	Ar	NOID		2. Dete of De Month		3. Tima of Deeth
	Examination Funeral Director		5. Sociel Security Number 6. Sex 1 M 2 N F	MMO I		Hours Min.	ation of Death ///E 8. Dete of Bir (Month, De) 04-20-	th (Year)	
	Maryland a-f show	tor	Usuel Residence of Decedant 10e. Stete 10b. County MD BALTIMORE	10c. City, Tow		BUTUS			10d. Inside City Limits 1 ☐ Yes 2 ☒ No
	th with the 23a or 28	Funeral Director	10e. Street end Number 1102 CIRCLE DRIVE	,	10f. Zip Code	21227		10g. Citizen of V	What Country?
020	d 2 should be filed within 72 hours after death with the Maryland th and Mental Hygiena. 7 is marked other than "natural", or items 23a or 28a-f show traumetic event, the Medical Examera must be notified at	b	11. Merilel Stelus 1 □ Never Merried 2 □ Married 3 ☑ Widowed 4 □ Divorced 12. Was Deceded Armed Force 1 □ Yes 2 If Yas, Give Year or Determine Year or Determine Year.	es? ∏No	13. Wes Decedent of If Yes, specify Cult	Hispenic Origin? (Spec ben, Mexicen, Puerto R Specify:	ify Yes or No ican, etc.)		e - Americen Indien, sk, White, etc. ∵WHITE
21215-0020	rithin 72 ho na. nan "natur Medical	Completed	15. Decedent's Education (Specify only highest grede completed) Elamantery/Secondary (0-12) College (1-4)		Decedent's Usual Occu (Give kind of work done life. DO NOT use ratin	e during most of working ed)	9		usiness/Industry
Maryland 2	should be filed within nd Mental Hygiena. I marked other than " umatic event, the Me	To Be Col	6 17. Father's Neme (First, Middle, Last) HERBERT P. CHANEY		SEAMSTR	18. Mother's Nama MARY R		, Maiden Sumer	
	leal leal m 2	-	19e. Informent's Name/Reletionship (Type, Print) BETTY MILLER (DAUGHTER)	1	. Mailing Address (Street . 102 CIRCLE f Disposition (Name of		UTUS,	MD 21227	7
Baltimore,	Pag nent int: M		20e. Method of Disposition 1 Duriel 2 Cremation 3 Removel from St. 4 Donetion 5 Other (Specify) 21. Signeture of Funaral Service Licensee	ate cemete	ry, crametory or other pla CATHEDRAL	6/	30/97	BALT	City or Town, Stete
Ba	permit. Departn Imports any Inju		Plut Am Buch		1630 EDMC	Pess of Fecility WITZ ONDSON AVE.	CATON	SVILLE,	MES, INC. MD 21228
	Physician /Medical Examiner	ler	23e. Pert1. Enter the diseese of conditions that ceushook, or heart failure. List only one cause on each limited at the ceuse of condition resulting in deeth)	ANCO	consequence of):		respiretory e	rrest,	Approximate Interval Between Onsei and Deeth
×68Z60,	n certificate be emported nong physican and use as the burial-transit	/Medical Examiner	Sequentially list conditions, if eny, leading to Immediate cause. Enter Undarlying Cause (Disease or injury thei initiated avants rasulting in death) Lest		consequence of):				
P.O. Box	the dasth y tha atter sched for u	Physician/	Pert II. Other significent conditione contributing to deat	th but not resulting in	n the underlying ceuse g	iven In Pert I.	23b. Dld	_	ntribute to the cause of death?
Records,	aw requires ts been sig 2 should b	Completed by I						en eutopsy ormed?	24b. Were autopsy findings eveilable prior to completion of cause of daeth?
of Vital F	T ata	Be Cor	25. Wes case referred to madicel exeminer?			26. Place of Deeth	1 🗆 '	/ -	1 Yes 2 No
Division of \	ding Phys h. After this funeral di		1 Yes 2 No Hospital: 1 Inp 27. Manger of Deeth 1 Natural 5 Panding investigation 2 Accident investigation 3 Suicide 6 Could not be	Injury 28b. I	Time of injury M 1]Yes 2□No	3d. Describe	how injury occurr	
Σ	To the Hospital or Attand within 24 hours aftar death To the Funaral Director: . completaly filled in by the	al Certification:	4 Homicida building 29a. Certifier 1 Certifying Physician: To the be	, atc. (Specify)	erm, street, factory, office		City or To	wn, State)	
	To the Ho within 24 ! To the Fu completely	Medical	(Check only one) 2 Medical Examiner: On the basis and mennal 25b Signature and life of certifies	s of exeminetion en	d/or invastigation, in my	opinion, death occurred	d et the time,	29d. Dete signed	d (Month, Dey, Year)
	Sta Registr	-9.1	30. Name and addrass of person who completed ceusa of the ce	of daeth (Itam 23a) 460 (istrae Signetura	(Type, Print) O Olo Col	urt Ro,	BAL	huon	es, Med ziros

State of Maryland / Department of Health and Mental Hygiene

20055 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death **Physician** Month LAWRENCE ALIEN June /Medical 4a. Facility Name (If not institution, give street and number, 4b. City, Town, or Location of Death Examiner GENERAL ALTIMORE MARYLAND C17 | If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Dec. 25, 6. Sex X M 2 □ F 5. Social Security Number 7. Age (In yrs. lasf birthday) Birthplace (State or Foreign Country) Funeral 167-26-1613 63 33 Pennsylvania Director Usual Rasidence of Decedent the Marylend 10a. State 10b County 10c. City, Town or Location 21217 r than "natural", or items 23a or 28a-f show the Marical Examinar must be notified at MD 10d. Inside City Limits AVAYes 2 No Director Maryland 1100 Pennsylvania Ave. N/A #1102 Balto. 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1100 Pennsylvania Ave. #1102 21217 U.S.A. death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ঐ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, atc.) 14. Race - American Indian, Black, White, etc. Pages 1 and 2 should be filed within 72 hours efter on and of Health and Mental Hygiene.
Int: If Item 27 is marked other than "natural", or item iny or other traumatic event, the Medical Evanturals. 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 □ Divorced Specify: Black Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collage (1-4or 5+) Owner-Mechanic Auto Body Shop 17. Father's Nama (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Lawrence Allen Ruth Sutton 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Virginia Allen 160 Heberton Ave. #3B, Staten Isl. NY 10302 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State permit. Page Department of Important: If any Injury or once. Metro Crematory 4 ☐ Donation 5 ☐ Other (Specify) 7/5/97 Catonsville, MD 21. Signature of uneral Service Licensee / 22 Nama and Address of Facility Marshall W Jones, Jr Funeral Home 4101 Edmondson Ave. Baltimore, M ne P.A. MD 21229 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each the Approximete Interval Betwaan Onset and Death Physician SEPS15 /Medical Immediata Cause (Final disease or condition rasulting in death) Examiner STAGE RENAL DISEASE Physician/Medical Examiner Sequantially list conditions, if any, laading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last and Due to (or es a consequence of) Division of Vital Records, P.O. Bo pital or Attending Physician: The lew requires that the death of usurs after death.

• area Directors. After this certificate hes been signed by the attentified in by the tuneral director, page 2 should be deteched for us Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Onknown by 24b. Were eutopsy findings available prior to completion of cause of daath? 24a. Was an autopsy performed? Completed 2 DNO 1 Tyes 2 No Be 25. Was case referred to medical examinar? 26. Place of Death (Check only one) 2 1 ☐ Yes 2 No 1 Dinpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 ER/Outpatient 3 DOA 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? Medical Certification: 28d. Describe how injury occurred 28b. Time of 1 Natural 5 Pending Investigation 1 Yes 2 No 2 Accident 3 Suicide 6 Could not be 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Streef and Number or Rural Roufe Number, City or Town, State) 4 ☐ Homleide To the Hospital within 24 hours a To the Funeral D completely filled 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner to the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner stated. 29a. Certifie 29b. Signatura and titla of certifier 29c. Licanse number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed causa of deeth (flem 23a) (Type, Print) C/D Maryland Greneral Hospital Bekenene 31. Date filed (Month, Day, Year) State 0 3 1997 Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 20056 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 620 4e. Fecility Neme (If not Institution, Jiva street and number) Liberty Height BAKER Month July 01. 1997 4b. City, Town, or Location of Deeth 4c. County of Death BALT. MURE Liberty Medical Center N/A BALTIMORE MO Yaar If Undar 24 Hrs. 8. Date of Birth (Month, Dey, 6. Sex 1 XM 2 ☐ F 5. Sociel Sacurity Number Birthplace (Stete or Foreign Country) 7. Age (In yrs. lest birthday) Months Deys 68 214-26-8580 Yrs 01,1928 S. Carolina Usuel Residence of Decedent 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Md. N/A Baltimore 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 3225 Powhattan Avenue U.S.A. 21216 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 20 No If Yes, Give Year or Dates: 14. Race - American Indien, Bleck, White, etc. Wes Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Navar Marriad 2 Married 1 Yes 2 No Specify. Specify Black 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry United Iron and Elementery/Secondery (0-12) College (1-4or 5+) Meta1 12 th Machinist 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Malley Baker Ollie McMIchael 19e. tnforment's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) Earlene Baker (Wife) 3225 Powhattan Ave. Balto., Md. 21216 20a. Method of Disposition 20b. Pleca of Disposition (Neme of cemetery, cremetory or other placa) 20c. Location - City or Town, Stete Dete Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 7-7-97 Arbutus Maryland Arbutus Memorial 22. Name and Address of Fecility Caple Funeral Service 21. Signature of Funerel Service Licenses 5502 Winner Ave. Balto., Md. 21215 Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory arrest, shirty, or heart feiture. List only one cause on each line. Approximete Intervel Batween Onset end Deeth Immediete Ceuse (Finel diseese or condition resulting In deeth) DNeumonia Due to (or es e consequence of): Due to (or es e consequence of): Thombosis, Both leg 23b. Did tobacco use contribute to the cause of death? 1 Yes 25 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 Yes 20 No 1 ☐ Yes 2 No 26. Plece of Deeth (Check only one)

Physician /Medicai Examiner

Physician

/Medical

Examiner

Director

Funeral

b

Completed

Be

Funeral

Director

7 is marked other than "natural", or items 23s or 28s-f show traumatic svent, the Medical Examinar must be notified at

permit. Peges 1 and 2 should be filed within 7 Department of Health and Mental Hygiere. Important: If Item 27 is marked other than "n any injury or other traumetic event, the Medi

the Maryland

Baltimore, Maryland 21215-0020

Examiner the buriel-transi Sequentielly list conditions, if any, leeding to immadiate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in deeth) Lest end Physician/Medical Division of Vital Records, P.O.

þ

Completed

Be

2

Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

Debridement and Rotation Flop on Buttack

Wrivery Tract Infection

Old C. V. A

25. Wes case referred to medical exeminer? 1 Yes 2 No

Hospital: 1 Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA

28e. Plece of Injury - At homa, farm, street, factory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

28d. Describe how injury occurred

27. Menner of Deeth 1 Neturel

2 Accident

4 - Homicide

3 Suicide

5 Pending investigation

6 Could not be determined

28e. Dete of Injury (Month, Dey Year) 28b. Time of

28c. Injury et Work? 1 Yes 2 No

281. Location (Street end Number or Rural Route Number, City or Town, Stete)

29a. Certifier

Certifying Physician: To the best of my knowledge, death occurred et the time, date end piece, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the cause(s) and menner steted.

29b. Signature and title of certifier

31. Dete filed (Month, Day, Year)

JUL 0 3 1997

29c. License number 17031 29d. Dete signed (Month, Dey, Yeer) July1. 1997

BALTIMORE MD. 21215

30, Name end address of person who completed cause of deeth (Item 23e) (Type, Print)

N. Kim. M.D 2600 Liberty Height

32 Registrer's Signeture Lukia Davidson Pandall

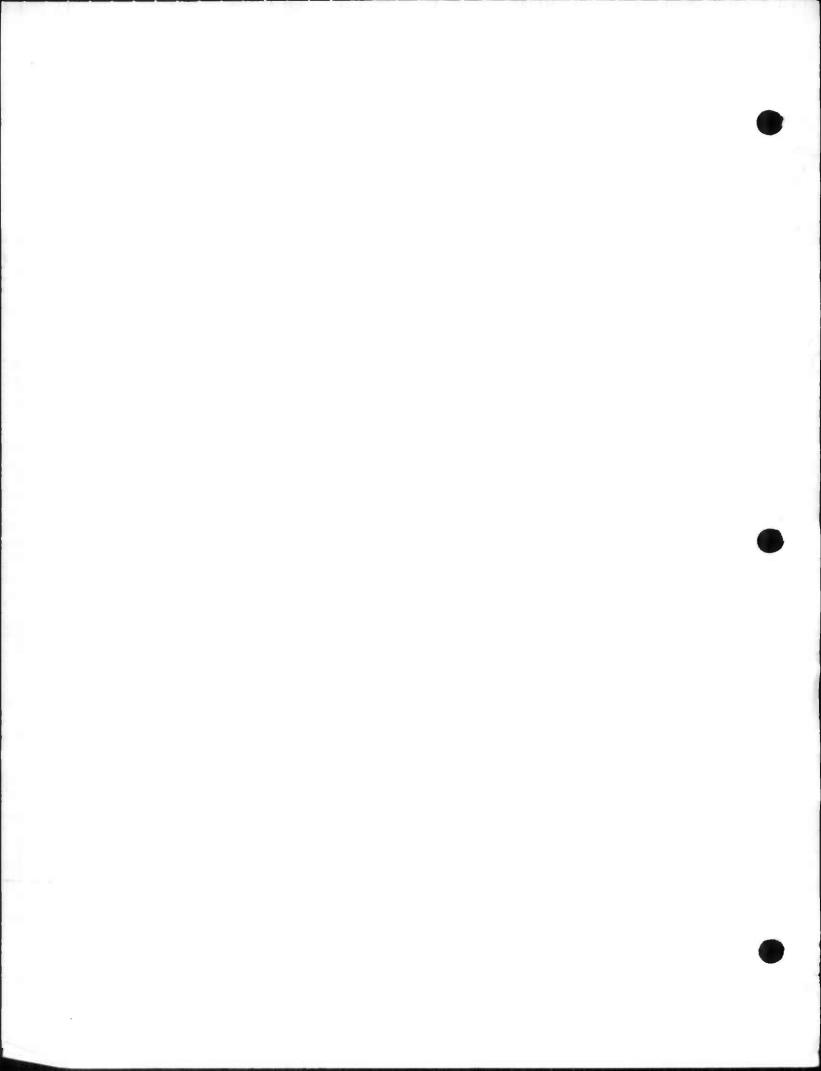
State Registrar

To the Hospital or Attending Physician: within 24 hours efter death.

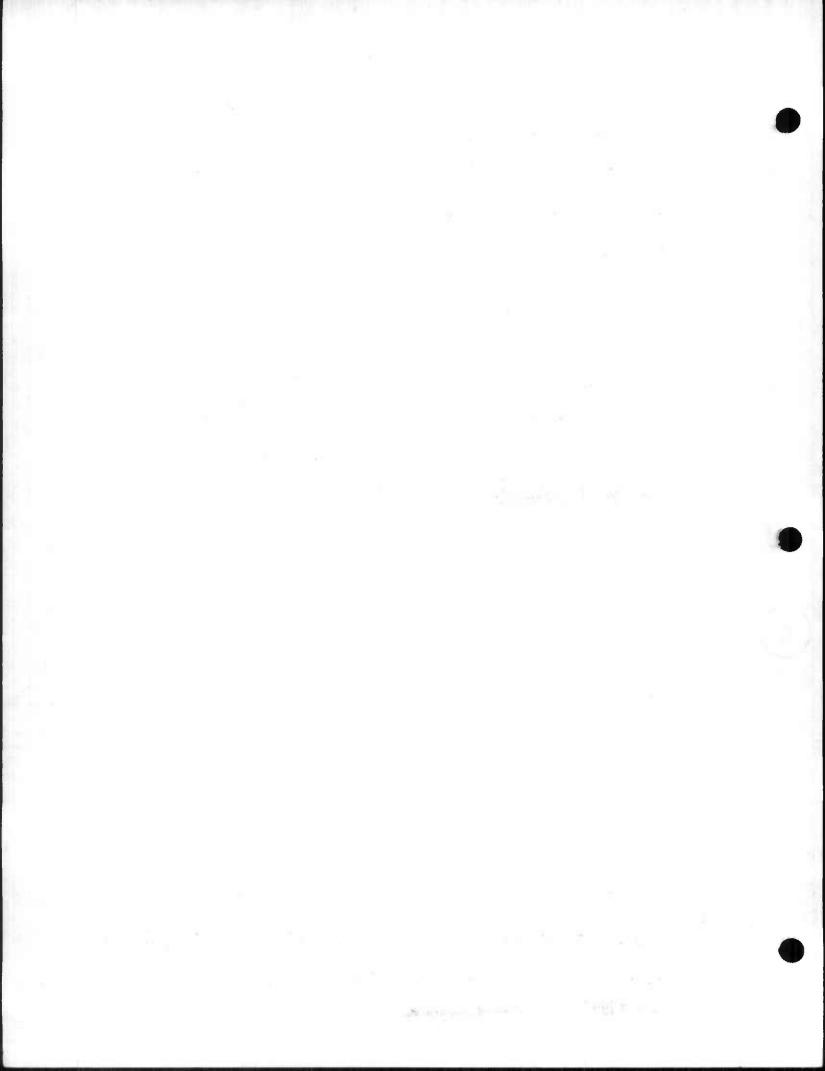
To the Funeral Director: After this certifica completely filled in by the funeral director,

DIVISION OF VITAL RECORDS, P.O. BOX 68760

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR	TMENT OF I	IEALTH AND	MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH
ř	George Andrew E	3lankner				June	30 1997	4:39 P M
	4. SOCIAL SECURITY NUMBER	The state of the s	in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign
19	216-09-9649	1 13x M 2 □ F 8	2 YRS.	MONTHS DAYS	HOURS MIN.	Jan. 26,	404 -	ryland
œ	90. FACILITY NAME (If not institution, give a Reeders Memorial				OR LOCATION OF D	EATH	9c. COUNTY OF	
5	RESIDENCE OF DECEDENT	. nome		Boonsbo	ro		Washing	gton
DIRECTOR	10a. STATE 10b. COUNT	•	10c. CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
		ington	Во	onsboro				LIMITS?
RAL	141 S. Main Stre			10	. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS				21713		U.S.A	
	1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, ap	ecify Cuben, Maxica	NIC ORIGIN? (Specify Y an, Puerto Ricen, stc.)	es or No— 14, RAC Ble	CE — American Indian, ck, White, atc.
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	AIES	1 U YES	2 X NO Specif	fy:	Spe	cMy: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	16a. DECEDENT'S	USUAL OCCUPATI	ON set of working	16b. KIND OF B	USINESS/INDUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIe. Do NOT us	se retired.)	St or working	n .		
M	12 17. FATHER'S NAME (First, Middle, Last)	1	M1	nister			ligious	
8	George Blankner	•				ME (First, Middle, Maide rowfoot	n Surname)	
96	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street		Route Number, City or To	wn State 7in Code)	
2	Anice Blankner	/wife				Boonsboro		nd 21713
	20s. METHOD OF DISPOSITION 1 Burtel 2 Committee 3 Rem		PLACE AND DATE		rme of	DATE 20c. L	OCATION — City or 1	Town, State
	4 Donation 5 Other (Specify)		etery, crematory or o					
	21. SIGNAZZINE OF PUMERAL SERVICE LIC ROnal	d g. Wade	rector.	22. NAME A	te Anato	шту mv Board.	655 W. B	altimore St.
					timore,	Maryland 2	21201	artimore be.
	IMMEDIATE CAUSE (Finel disease or condition	List only one cause on e	ech line.		de of dylng, auc	th aa cardlec or rea	piratory arrest,	Approximata Interval Between Onset and Death
	reaulting in death)	OUE TO (OR AS	CONSEQUENCE OF	F):				a days
Z	Sequentially list conditions	a dischetis	TI					203,000
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	F):				
FIC	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF	Fi:				
E	resulting in death) LAST	4		<i>r</i>				
	PART il Other elgoificent condition	as contribution to do at t						
CAL	PART II. Other significant condition	1	ut not reculting	in the underlyin	g ceuse given in	PERFO	RMED?	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ED	myelsbygg	xuren				1 YES	2 NO	OMPLETION OF CAUSE OF DEATH?
. W	DID TOBACCO USE CONT	RIBUTE TO CAUSE O	F DEATH YE	S I NO E	LINCEPTAI	`		1 YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		28. PLACE OF DEAT		OITCERIAII			
Sic	EXAMINER?	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outp	atient 3 DOA	OTHER:	e 5 🗆 Residence	8 Other (Specify)		
PHYSICIAN: MEDIC	27, MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM		URY AT	28d. DESCRIBE HOW	INJURY OCCURED	
BY	1 Natural 5 Pending 2 Accident Investigation			M 1 🗆	rES 2 NO			
	3 Suicide 8 Could not be 4 Homicide determined	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm, s	street, tectory, offic	•	281. LOCATION (Street City or Town, State	end Number or Rural	Route Number,
COMPLETED	29e. CERTIFIER							
MP	(Check only	ICIAN: To the best of my knowl ER: On the basia of examination						
	29b. SIGNATURE AND TITLE OF CERTIFIE		andor investigatio	TI, III IIIy Opinion, c				
H	March	t-115			D32518	WBER		30, 1997
2	30. NAME AND ADDRESS OF PERSON WH	IO COMPLETEO CAUSE OF OE	ATH (ITEM 27) (Type,	Print)	D32310		, ourse	30, 1337
	Dr. Robert Gueden	et, 100 Geet:	ing Lane	, Keedys	ville, M	aryland	(301) 43	2-2222
	31. DATE FILED (Month, Day, Year)	ALRE THE THE SELLEN	STHRUSS			 -		
	OOF 0 9 1991	7						

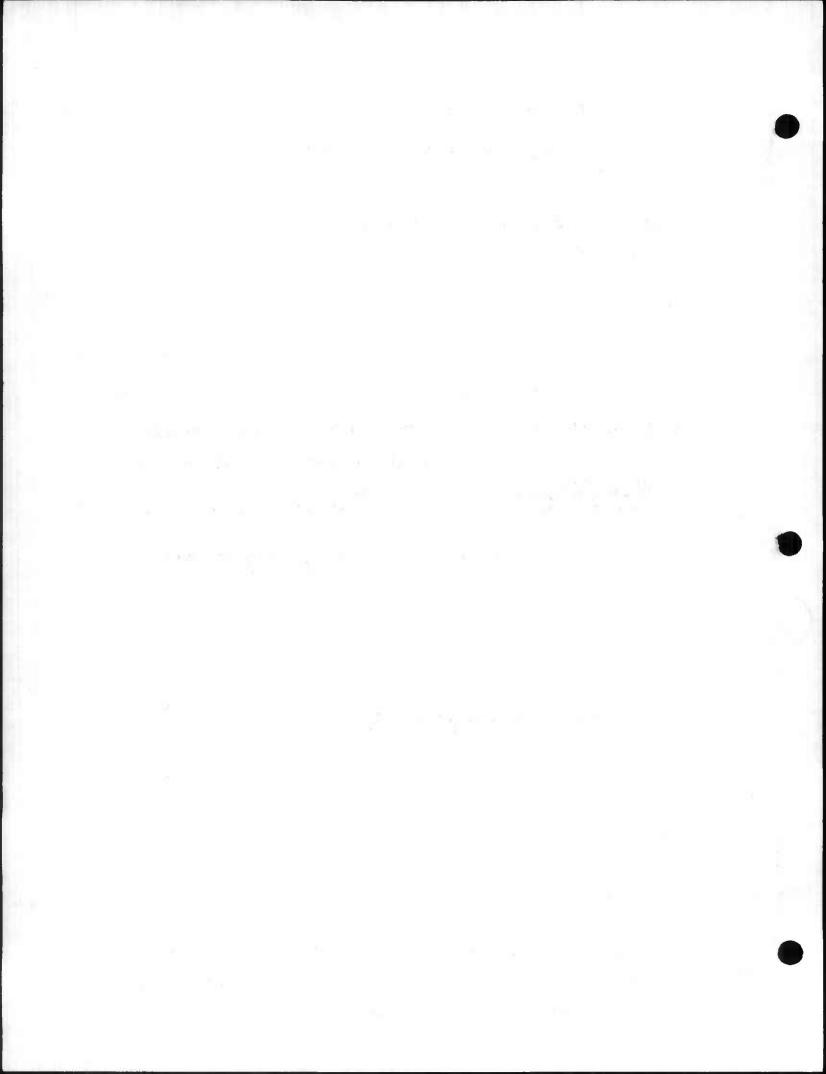


				State of Marylai		tificate of		, ,	eg. No.	97	20058
П	Physic	ian	Decedent's Name (First, Middle, Last Irene Sophie Bat	cciak				2. Date of Dear Month	Dey	Year	3. Time of Death
7	/Medi Exami		4a. Fecility Name (If not institution, give				4b. City, Town, or	June 29 Location of Death	, 1997 4c. County		11:58 am
	Exami	iiei	Franklin Square Ho	ospital Cente	r		Rosedale	2	Balti		
	Funeral Director			7. Age (In yrs.	. last birthday) Yrs.	If Under 1 Year Months Days	If Under 24 Hrs Hours Min.	8. Date of Birth (Month, Day) July 31	Year) ,1924	9. Birthpla Country Pennsy	ce (State or Foreign y) ylvania
	and		Usual Residence of Decedent 10a. State 10b. County	10c. C	ity, Town or Lo	eation				100	d. Inside City Limits
	the Marylar 28a-f show	tor	Maryland Baltimore	Mid	dle Riv	er					1 ☐ Yes 2 No
	or 284	Olrec	10e. Street and Number			10f. Zip Code		1	0g. Citizen of \	What Countr	y?
	23a sunt b	ral	206 Middleway Rd.			21220			U.S.A.		
020	permit. Pages 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene. Important: if flem 27 is marked other than "natural", or flems 23a or 28a-f show may injury or other traumatic event, the Medical Exercises countried at anny in	by Funeral Director	11. Marital Status 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorcad	12. Was Decedent Ever in L Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates:	if	Vas Decedent of Nas Decedent of Nas Pecify Cub	dispanic Origin? (S an, Mexican, Puer Specify:	specify Yes or No- to Rican, etc.)	Blac	ea - American ck, White, et v: White	c.
Baltimore, Maryland 21215-0020	within 72 ho ene. then "netur	Be Completed	15. Decedent's Edu (Specify only highest grad Elementary/Secondary (0-12) 1.2	cation e com <i>pleted)</i> College (1-4or 5+)			pation during most of wo d)		16b. Kind of B		stry
d 2	Hygie ther t	CO	17. Father's Name (First, Middle, Last)		Hous	sewife	18. Mother's Na	me (First, Middle, M	Own Hon		
lan	should be filed within and Mental Hygiene. merked other than umatic event, me M.	To B	Benjamin Bruno Hal	lecki			Nellie F			,	
lan	2 shot and h		19a. informant's Neme/Relationship (Ty					ural Route Number		State, Zip C	(ode)
e, l	1 end 2 Health em 27 i		Judith Cremeen (Da 20a. Method of Disposition		18 Ni		. Baltimo	ore, Md.	21220 20c. Location -	City of Tow	- Ctate
nor	Pages ment of i		1 ☐ Burial 2 ☐ Cremetion 3 ☐ F	emovel from State	cemetery, crem	atory or other ple		/3/1997 E			
Balti	pemit. F Departm Importar any Injur 2005		21. Signature of Funeral Service License		22. Br	Name and Addre	ess of Fecility	l Home P	.A.		
		Н	23a Párt1. Enter the disease, or compl hock, or heart feilure. List only or	cations that caused the dea	14	07 old I	Eastern A	venue Es	sex, Mo		Approximate
	Physician		whock, or heart feilure. List only or	ne cause on each line.						i	nterval Between Onset and Deeth
ř.	/Medical Examiner		Immediate Ceuse (Final disease or condition resulting In death)	Car	diac	arres	1			n	nihuls
		ē	rosaling in sealing	Due to (or as a consequ	uenca of):	1.				00.00
	puted nd ransit	Examiner	Sequentially list conditions	Due to 6	or as a consed		y dise	asc		1 4	eurs
9	physician and s the buriel-transit		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury							i	
387	physic s the b	edical	that initiated events resulting in death) Last	Due to (d	or as a consequ	ence of):					
8				l							
Ö.	death e ette ed for	Physician/M	Pert II. Other aignificant conditions con	tributing to death but not res	suiting in the <i>u</i> n	deriving cause on	ven in Part I.	23b. Did to	bacco use co	ntribute to t	he cause of death?
P. O.	at the d by th etach	Phy						1 🗆 Y	s 200 No	3 Probe	bly 4 Unknown
ds,	The law requires that the death central tending the been signed by the ettending tage 2 should be detached for use as	1 by	renal fail	7(1)				040 11/00 0		24h War	e eutopsy findlings
CO	v requirements	Completed	_ liver dise	ase				24a. Was a		com	able prior to pletion of cause
Re	he lav le has age 2	ошо						1 □ Ye	s 20(No		eath? Yes 2 No
ta		BeC	25. Was case referred to medical examiner?				26. Place of Dea	ath (Check only on	. ,		
5	hysic this ce al dire	은	1 ☐ Yes 2120 No	ospital: 1 Inpatient 2		SPEDUA		lome 5 Reside			
Ou	ding Phys h. After this funeral d	tlon:	27. Menner of Death 1 Naturel 5 Pending Investigation	28a. Date of Injury (Month, Day Year)	28b. Time of injury	28c. inju	yet rk? Yes 2 □ No	28d. Describe ho	w injury occur	red	
Division of Vital Records, P.O. Box	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certifical completely filled in by the funeral director,	Certification:	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. Placa of Injury - At h building, etc. (Specif			100 2010	28f. Location (St City or Town	reet end Numb n, State)	er or Rural F	Route Number,
	To the Hospital or I within 24 hours after To the Funeral Direct Completely filled in b	edical C	29a. Certifier (Check only one) 1 Certifying Phys	iclan: To the best of my knower: On the besis of examina and menner stated.	owledge, death ation and/or Inve	occurred at the tirestigation, in my o	ne, date end plece pinion, death occu	, end due to the carred at the time, da	ause(s) and ma ate and placa,	nner as stat and due to th	ed. he cause(s)
	To the To the Comp	Me	29b. Signature end title of certifier			29c. Licens			9d. Date signe		
			1 Myseux 8	MD			0952]	july 1	-, 190	1 /
	10		30. Name end ederess of person who co	mpleted cause of deeth (Item	n 23e) (Type, F	Print)	115 ()	2 Balk		14.00	21221
	Sta	te	31. Dete filed (Month, Dey, Yeer)	32. Registrar's Signa		Cayore	Circle	= , 10011	inuit "	10	21224
		100	WW 10 9 1007	Fhill W							



State of Maryland / Department of Health and Mental Hygiene 97 20059

Physician Middled Enminer Fundal State County Name of not attendance, pive well without on the pive of not attendance, pive well without on the pive of not attendance, pive well without on the pive of not attendance of December 1997. Fundal State County Name of Name o						Cert	ificat	e of Death		Reg. No.	01 6	0005
A 14.40P A	Dhuaic	:	1. Decedant's Neme (First, Middle, L	ast)						eeth		Time of Deeth
CENTES EIDERCARE CROMMELL DEVICES Pop 1 March Company Proceeds of Control Cont	/Medi	cal			BODIE			4b. City, Town, o	June 2	28, 1997		4:40PM
The country 100. Chy Town or Location 100. Chy Code 10	Funeral Director		215-05-0680					Baynesyin 1 Year Hunder 2 Hi Deys Hours Min	n. (Month, D	Balt:	imore C 9. Birthplace Country)	ounty (State or Foraig
Section of the control of the cont	wor.			1	0c. City, Tow	n or Loce	etion				10d. l	Inside City Limit
Bear Service	a-f st	io	Maryland Baltimor	e County	Bavn	esvi	11e					1□Yes 2∏N
Bellementary/Geordary (t-12) Colage (1-4or 5+) Homemaker Section Colored C	th with the 23a or 28		10e. Street end Number		•							
Bellementary/Geordary (t-12) Colage (1-4or 5+) Homemaker Section Colored C	ours after dea ral', or Items Examiner m	by	1 Never Married 2 Married	Armed Forces? 1 Yes 2 No If Yes, Give	er in U,S.				(Specify Yes or Norto Ricen, etc.)	0- 14. Rad Bla	ce - American li ck, White, etc.	
19. Mother's Name (First, Medile, Asside Surmans) 19. Mother's Name (First, Medile, Medile, Surmans) 19. Mother's Name (First, Medile, Surmans) 19. Mother's Nam	72 ho	eted	15. Decedant's E (Specify only highest of	ducetion rede complated)	16a	(Give ki	nd of wo	rk done during most of w	orkina	16b. Kind of B	usinass/Industr	у
19. Mother's Name (Piest, Meddle, Last) 19. Mother's Name (Piest, Meddle, Last) 19. Mother's Name (Piest, Meddle, Macken Suranna) 19. Mother's Name (Piest, Macken Suranna	na.	Idm				lifa. DO	O NOT us	se retired)	9			
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Charles A. Bodie, Jr. (Son) 20b. Method of Disposition IN Burial 2 Circension 3 Removel from State Cedar Hill Cemetery 21. Signating Address of Facility Mitchell-Wiedefeld Home 22. Name and Address of Facility Modicia Examiner 22. Page and Disposition 23. Name and Address of Facility Due to (or as a consequence of): 3. Sequentially list conditions. 4. Due to (or as a consequence of): 4. Due to (or as a consequence of): 5. Due to (or as a consequence of): 6. Due to (or as a consequence of): 7. Sequentially list conditions. 8. Sequentially list conditions. 9. Due to (or as a consequence of): 1. Or as a consequence of): 2. Manner of Death 3. Suided 3. Suided 3. Suided 3. Suided 3. Suided	be de la se	Be		,				18. Mothers N	ame (<i>First, Middi</i> t	a, <i>Maid</i> en Su <i>m</i> an	na)	
Charles A. Bodie, Jr. (Son) 20b. Manhod of Disposition 1	hould Me	۲			104	Moiling	Addross	(Street and Number of A	Pum/ Pordo Alumi			dal
Pert II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. Clubratural 1	/Medical Examiner		Immediate Cause (Final disease or condition resulting in daath) Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events	e. arkeri	e to (or as a	consaque	ence of):				Inte On	arval Between
Per II. Other eignificant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 1 Yes 2 No 3 Probably 4 Un	ndin Use	Σ		d								
24e. Wes en eutopsy performed? 25e. Place of Daeth (Check only one) 25e. Place of Daeth (Check only one) 27e. Manner of Death 28e. Dete of Injury 28e. Place of Daeth 28e. Dete of Injury 28e. Place of Daeth 28e. Dete of Injury 28e. Place of Injury 28e. Plac	by the tachec	Physic			•			euse given in Pert I.				
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25. Wes case referred to medical axeminer?	ate ha	E O							10	Yes 2 No	1 □ Ya	s 2 No
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29a. Certifier (Check only one)	eath. or: Aftar the funer	cation:	1 SNaturel 5 Pending Invastigation	n	9a <i>r</i>) 28b.				28d. Dascribe	how Injury occur	red	
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29c. License number 29d. Date signed (Month, Dey, Year) Munu Kunluru Mi) D 2/U 2 4-30-87	he Hosp in 24 hou he Fune pletaly fi		(Check only 2 Madical Exa	miner: On the basis of ex	aminetion en	a, death o	stigation	et the time, deta end pled In my opinion, daath occ	ce, end due to the curred at tha time	ceuse(s) and me , date end plece,	ennar es stated end due to the	I. ceusa(s)
Monu Kanleule MB D21022 6-30-87	With Tot	Σ	29b. Signeture end title of certifier				290	. License number		29d. Date signe	d (Month, Dey,	Year)
30. Name end eddrass of parson who complated cause of daeth (Itam 23a) (Type, Print)	_		30. Name end eddrass of parson who	complated cause of daeti	h (Itam 23a)	(Type Pr	rint)	12103	12	6-3	0-87	



State of Maryland / Department of Health and Mental Hygiene 20060 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Deeth 2 Date of Death **Physician** Lotte Month Amon 0420 /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Gilchrist Center Towson Baltimore 5. Sociel Security Number If Under 1 Yeer If Under 24 Hrs. 7. Age (In yrs. last birthdey) Birthplace (State or Foreign Country) **Funeral** 1 M 2 F Months Deys Hours Yrs. Nov. 8, 1923 Director 218-12-6645 Maryland Usual Residence of Decedent death with the Marylend 10a State 10b. County 10c. City. Town or Location 28a-f show 10d. inside City Limits the Medical Examiner must be notified at Baltimore Towson Maryland 1 ☐ Yes 2 ☑ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? or items 23a or 6601 North Charles Street 21204 U.S.A. Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Wes Decedent of Hispenic Origin? (Specify Yes or No if Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Bleck, White, etc. 11. Maritei Stetus Pages 1 and 2 should be filed within 72 hours after ment of Health and Mental Hygiena.

If from 27 is marked other than "naturel", or ite 1 Never Married 2 Married altimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: White py Specify: 3 □ Widowed 4 □ Divorced Yeer or Detes Completed Decedent's Usuei Occupetion
 (Give kind of work done during most of working life. DO NOT use retirad) 15. Decedent's Education
(Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Fether's Neme (First Middle Lest) 18. Mother's Name (First, Middle, Meiden Surneme) Be Department of Health and Mental I unknown 0 unknown 19e. informent's Neme/Relationship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Jeanette Futovsky/stepdaughter 5307 Strathmore Avenue, Kensington, Maryland 20895 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriai 2 ☐ Cremetion 3 ☐ Removel from State 4 ⊠Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licensee Ronald S Wade 22. Name and Address of Facility State Anatomy Board, 655 W. Baltimore Street Baltimroe, Maryland 21201 art. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, hock, or heart failure. List only one cause on each line. Approximete fnterval Between Onset end Deeth **Physician** Rectal Concer /Medical immediete Ceuse (Finel diseese or condition resulting in deeth) Examiner te law requires that the death certificate be executed pue Sequentielly list conditions, if eny, leading to Immediate ceuse. Enter Underlying Cause (Diseese or injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of) Box 68760. physiclan Physician/Medical the Due to (or es e consequence of): ettending p 88 signed by the e Records, P.O. Pert ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert ii. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 10 3 Probably 4 Unknown þ should l Completed 24b. Were eutopsy findings eveileble prior to 24e. Wes en eutopsy performed? completion of cause of deeth? page 2 s cate 1 ☐ Yes 2 ☐ No Be 25. Wes cese referred to medicei 26. Plece of Deeth (Check only one) exeminer' Other: 4 Nursing Home 5 Residence 6 Nother (Specify) Hospice 0 1 Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth Certification: 28e. Dete of injury (Mogth, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? Naturel Accident 5 Pending 1 Yes 2 No Investigation None the 3 Suicide 6 Could not be in by t 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide within 24 hours a To the Funerel C complataly filled Hospitaf edical 29a. Certifier Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es stated.

Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end piece, end due to the ceuse(s) end menner steted. (Check only one) ŝ 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)

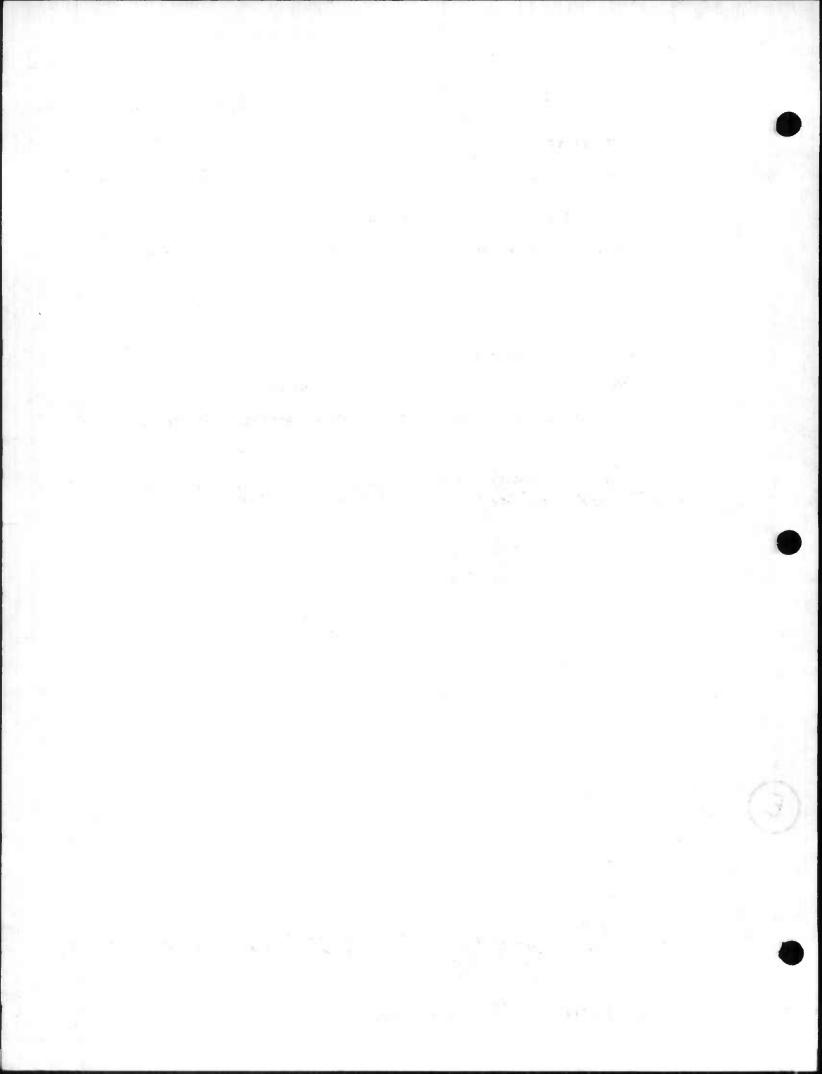
State Registrar 31. Dete filed (Month, Day, Year)

JUL 0 3 1997

30. Name and address of person who comple

32. Registrer's Signature
Julia Davidson-Randoll

ed cause of deeth frem 23a) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 12580 Month Rivorts ALAbellA 25 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth BALAMORE MEDICAL (Enter HIMUIE 10W500 if Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociei Security Number if Under 1 Yeer 9. Birthpiece (State or Foreign Country) ALAISHMA 7. Age (In yrs. lest birthdey) 1□M 287 Deys -38-559 Usuei Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. inside City Limits BALTIMORE 1 Yes 2 □ No Marylono 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? USA 2520 WOODBROOK 212/7 11. Meritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 Yes 2 No If Yes, Give Yeer or Dates: 1 Never Married 2 Married 1 Yes 2 No Specify: 3 19 Widowed 4 □ Divorced Black 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grede completed) BALLIHORE COUNTY College (1-4or 5+) Elementery/Secondery (0-12) RELIC SCHOOL SYSTEM SCHOOL TEACHER 17. Fsther's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Frank LUla 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2/2/(RIEDLER Park HEIGHTS, 7001 BALTIMORE REPRESENTATIO 20b. Plece of Disposition (Neme of commeter, cremetory or other plece) 20e. Method of Disposition Dete / 20c. Location - City or Town, Stete 1 ■ Buriai 2 □ Cremetion 3 □ Removel from Stete Valley Memoria Garous 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility CHATIMAN - HADRIT 5240 REISTERSTEWN ROAD BOLLINGLE, UID 21215 21. Signeture of Funerei Service Licensee Ilian Harris 23a. Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or hear feilure. List only one cause on each line. Approximete Interval Between Onset end Deeth Aspiration iLeart Due to (or es e consequence of) type tension Due to (or es e consequence of): 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were sutopsy findings avellable prior to completion of cause of death? 24e. Wes an autopsy performed? 1 ☐ Yes 2 ☐ No

Physician /Medical **Examiner**

Physician

/Medical

Examiner

Director

by Funeral

Completed

Be

Funeral

Director

ms 23a or 2

7 is marked other than "natural", or items traumatic event, the Magical Examples or man

Injury or Department of

deeth with the Maryland

filed within 72 hours efter

Hygiene.

. Peges 1 end 2 should be fill ment of Heelth end Mental Hiamt: If item 27 Is marked oth

Baltimore, Maryland 21215-0020

physician and the burial-transit Be 2 Certification:

Examiner

Physician/Medical

þ

Completed

29b. Signature and title of certifier

31. Dete filed (Month, Day Year)

30. Neme end address of person who completed cause of death (Item 23a) (Type, Print)

d

Julia Balledeyer's Figneralis 22

P.O. Box 68760, signed by the eld d be detached for peed this certificate Division of Vital To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral of

Medical State Registrar

Immediate Cause (Finel diseese or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 25. Wes case referred to medical 26. Piace of Deeth (Check only one) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Minpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth 26a. Dete of Injury (Month, Day Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 1 Natural 2 Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No 3 Suicide 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end manner as steted.

| Medicat Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the ceuse(s) and menner steted. 29a. Certifier

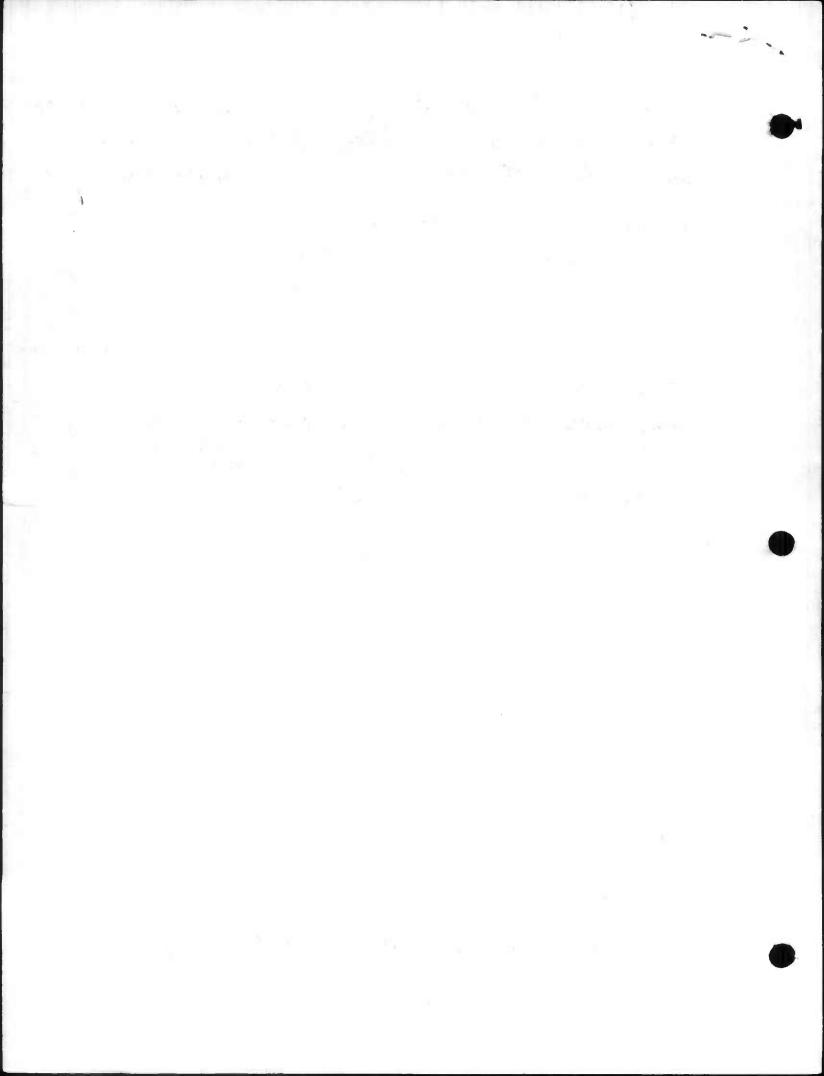
MA

D19166

OC Key VILL

29d. Date signed (Month, Dey, Year)

DHMH 16 Rsv 6/95



97-3640-510 A.D.H. PAMELA BROWN

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

20062

Certificate of Death	Ce	rtificate	of i	Death
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Funeral Director

28a-f show ò items 23a deeth 72 hours efter ŏ "natural".

Baltimore, Maryland 21215-0020

Physiclan /Medical Examiner

The law requires that the death certificete be executed the burial-transit and P.O. Box 68760. ettending physician for use es the buria 98 3 signed b Records, been sig page 2 certificate Division of Vital or Attending Physician: director this funeral After

1. Decedant's Nama (First, Middle, Last) 2. Data of Daath 3. Time of the Day 1997 **Physician** Pamela J. Brown JUNE 28 02:24 AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** SINAI HOSPITAL BALTIMORE CITY 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (State or Foraign Country) 1 □ M 20 F 217-40-3519 52 Yrs. Aug. 23, 1944 Md. Usual Rasidanca of Decedent 10a. Stete 10b. County 10c. City, Town or Location 10d. Insida City Limits traumetic event, the Medical Examiner naunt be notified at Md. N/A Baltimore 1 XYas 2 No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 4003 Springdale Avenue 21207 U.S.A. Funeral Was Decedant Evar in U,S. Armad Forcas? 14. Race - Amarican Indien, Biack, Whita, atc. Wes Decedent of Hispenic Origin? (Spacify Yes or No-If Yas, specify Cuben, Mexican, Puerto Rican, atc.) 1 Navar Married 2 Married 1 ☐ Yes 2 ☑ No If Yas, Giva Yaar or Datas: 1 Yas 2 No Specify: by SpecifyBlack 3 Widowed 4 ☐ Divorcad Completed 16a. Dacedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry permit. Peges 1 end 2 should be filed within 7 Depertment of Health end Mental Hygiene. Important: if Item 27 is marked other than "n any injury or other traumatic event, tra Mexa genes. Elementary/Secondary (0-12) College (1-4or 5+) Salesperson self-employed 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) William Elijah Bowman Martha Craft 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) Suzette Reynolds 1 Barberry Court Upper Marlboro, Md. 20774 20b. Plece of Disposition (Nama of cematary, cramatory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata Buriai 2 Cremation 3 Ramoval from State B □ Othar (Specify) July 3 Balto. County, Md. Arbutus Memorial Park 21. Signature of Funeral Sarvica Licenses 22. Nema and Addrass of Facility Nutter Funeral Homes, Inc. 2501 Gwynns Falls PKWY Baltimore, Md. 21216 Enter the disaasa, of complete the complete Approximata Intancel P plications that causad tha death. Do not entar tha moda of dying, such as cardiac or raspiratory arrast, on a causa on each line. Onsat end Death Imm viata Cause (Final disaesa or condition rasulting In daath) . Arteriosclerotic Cardiovascular Disease Due to (or as a consequanca of): Examiner Sequentially list conditions, if eny, laading to immadiata cause. Enter Undarlying Causa (Disaasa or Injury that initiated evants resulting in death) Last Due to (or as a consequence of): Physician/Medical Dua to (or as a consequanca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 Probably 4 ⊌Unknown þ Completed 24b. Wara autopsy findings available prior to complation of cause of death? 24a. Was an autopsy performed? INSPECTION 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical Be 26. Placa of Death (Check only one) Hospital: 1 Yes 2 No Other: 4 ☐ Nursing Homa 5 ☐ Rasidence 6 ☐ Othar (Specify) Certification: To 1 ☐ Inpatiant 2 ☑ ER/Outpatlent 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Describe how injury occurred 5 Panding invastigation To the Hospital or Australia Within 24 hours effer death.

To the Funeral Director: Affective filled in by the fu 1 Natural 1 Yes 2 No 2 Accident 3 Sulcida 6 Could not be detarmined Placa of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

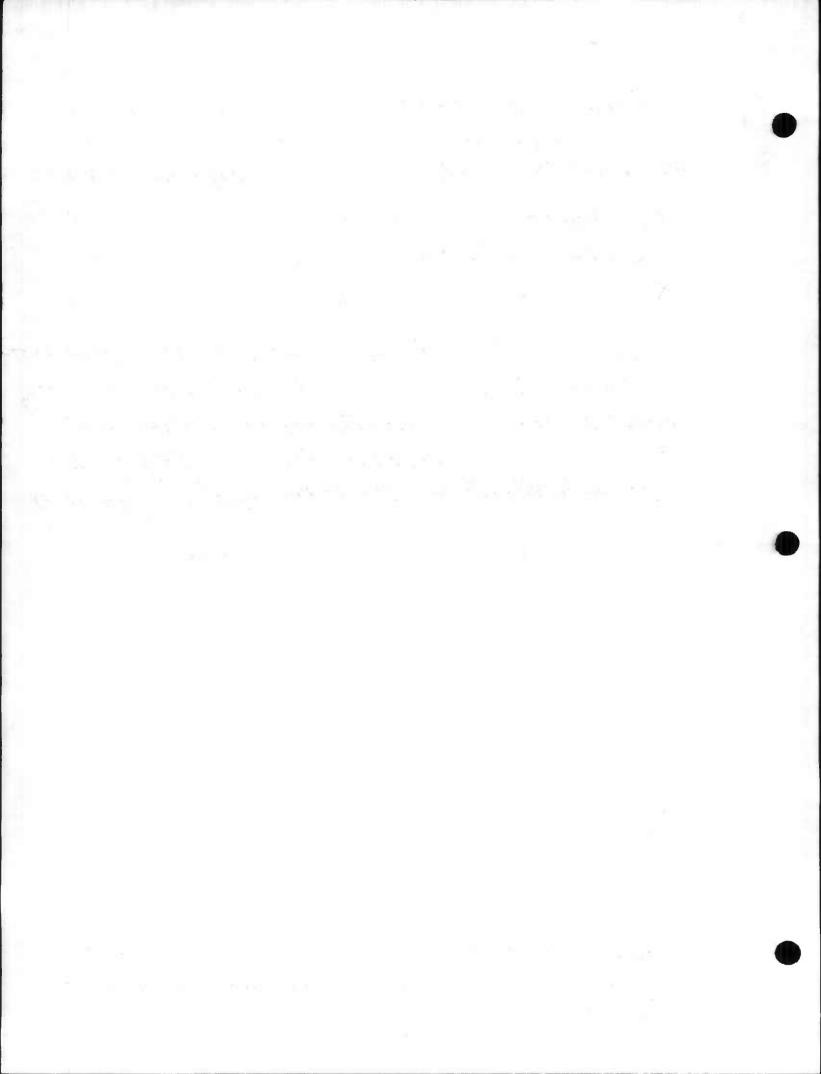
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the causa(s) and manner stated. 29a. Certifian cal one) 29b. Signature and titla of cartifier 29c. Licanse number 29d. Date signed (Month, Day, Year) O.C.M.E. JULY 2, 1997 30. Name and addrass of person who complated cause of daath (Itam 23a) (Type, Print) David Fowler, M.D. 111 Penn Street, Baltimore, Maryland 21201 Ath Bolowitsippa Mandall State

Registrar

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9 7

VINCENT B. BORIS

	Item:23	Ba_j	part I per MEO G-749 7/21/97	dh	Certificate of	Death	Reg.	No.	d I.m.	0000
П	Physic	an	Decedent's Neme (First, Middle, Last)	27	۵.	2.	Dete of Deeth Month	Dey	Yeer 3	. Time of Deeth
	/Medi		VINCENT B	. BOR	15	J	UNE 24	, 199		1950PM
	Examir	er	4e. Fecility Neme (If not institution, give street and			4b. City, Town, or Locat	ion of Deeth	4c. County	of Deeth	
_			5678 VANTAGE POINT 5. Social Security Number 6. Sex		inthdev) If Under 1 Yea	COLUMBIA		HOWA		JNTY
	Funeral Director		5. Social Security Number 3.76-30-53/9 Usual Residence of Decedent	7. Age (In yrs. last bi	Yrs. Months Deys	Hours Min.	Date of Birth (Month, Day, Ye	1931	9. Birthplecs Country)	(State or Foreign
	ylend		10a. State 10b. County	10c. City, Tov	vn or Location				10d.	Inside City Limits
	e Mai	ctor	MD HOWALD	Col	UM BIA					1 Yes 2 □ No
	ih th	Director	10e. Street end Number	77 .	10f. Zip Code	of an	10g.	Citizen of W	hef Country?	1
	eth w		5678 VANTAGE	POINTR		1044		C	1.5.	7.
_	Her de	Funerai	A(m)	Decedent Ever in U,S. I Forces? es 2 No	13. Was Decadent of If Yes, specify Cul	Hispenic Origin? (Specify ban, Mexican, Puerto Ric	/ Yes or No- an, etc.)		- Americen I c, White, etc.	Indien,
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	ral Di									
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State of Maryland / Department of Health and Mental Hygiene 97 20064

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DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 20065 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth Month 3. Time of Deeth **Physician** 715 Warren TUNE /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** BALT MORE
If Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Day, MARYLAND HOSPITAL GENERAL 5. Sociel Security Number 7. Age (In yrs. last birthday) if Under 1 9 Birthpiece (State or Foreign Country) **Funeral** 216-34-8996 18 M 2□ F Months Deys Yrs. Director death with the Maryland 10a. Stete 10b. County 10d. inside City Limits 10c. City, Town or Location 28a-f show treumstic event, the Medical Examiner namt be notified at NLA 1 Nes 2 No Director BALTIHORE MARYLAND 10e. Street and Number 10g. Citizen of Whet Country? ò RESTON 120 Items 23a STREET USA, Funerai 12. Wes Decedent Ever in U.S. Armed Forces? 1 Dryes 2 □ No If Yes, Give Yeer or Dates: V, 2+ Nom 11. Maritai Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) Race - American Indien, Bieck, White, etc. 72 hours efter 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 No Specify: by Specify: BLACK 3 ☐ Widowed 4 🛣 Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion
(Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within: Department of Health and Mental Hygiene. Important: If Item 27 is marked other than Frank Injury or other treumatic event. If any Injury or other treumatic event. Elementery/Secondary (0-12) College (1-4or 5+) 12 HIGRADE UNKNOWN SHANKS & CO. 17. Fether's Neme (First, Middle, Lest) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be NEAL BRIGHT DUDLEV 19e. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) (BROTHER) 3015 BRIGHTON ST, BALTIHORE, MD. 2/2/6
20b. Place of Disposition (Neme of Dete 20c. Location - City or Town, Stete NEAL H. BRIGHT 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition Buriel 2 Cremation 3 Removel from State 7-7-97 BWINGS MILLS, MD. 4 Donetion 5 Other (Specify) GARRISON FOREST 21. Signature of Funerel Service Licensee 22. Name and Address of Facility
JOSEPH H. BROWN JR. FUNERAL Home 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line.

23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, list only one cause on each line. **Physician** Immediate Cause (Final disease or condition resulting in death) /Medical Cardiac arres Examiner Due to (or es a consequença of) Physician/Medical Examiner pontine sician and burial-transit The law requires that the death certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest Due to (or es e consequence of) Box 68760. physician s the buria Due to (or es e consequenca of) for use signed by the a d be deteched t Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records. P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were eutopsy findings evellable prior to completion of cause of deeth? Completed 24e. Wes en autopsy performed' page 2 s 1 Yes 2 No 1 Yes 2 No or Attending Physician: Be 25. Wes case referred to medical examiner? 26. Piece of Deeth (Check only one) Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 2 ER/Outpetient 3 DOA Iuneral 27. Menner of Death Dete of injury (Month, Day Year) 28c. Injury et Work? Certification: 28d. Describe how injury occurred 5 Pending investigation efter death. 1 Yes 2 No 2 Accident 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) Could not be 3 ☐ Suicide Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) filled in by 4 Homicide Hospital
 24 hours e
 Funeral D 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier pletely (Check only one) To the within 2 29d. Deta signed (Month, Dey, Year) 29b. Signature and title of certific 30. Negree and address of person who completed cause of death (Item 23a) (Type, Print) Papyland General Hospital NICO/as 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture

DHMH 16 Rev 6/95

State

Registrar

JUL 0 3 1997

Se BALTIM

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month 45 JOSEPH L. BARNES 29 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death center Rock glen nuvsing and Rehabilitation "Ver Baltemore , MO If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1 □ XM 2 □ F Months Deys 219-07-3660 Yre 82 JAN 13,1915 MARYLAND Usuel Residence of Decedant 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Yes 2 No N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 4718 VANCOUVER ROAD 21229 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 ☐ Never Merried 2 🕅 Merried 1 Yes 2 No If Yes, Give Yeer or Dates: 1 Yes 2 XNo Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry Elamantary/Sacondary (0-12) Collega (1-4or 5+) 12TH GRADE LINEMAN BALTIMORE GAS &ELECTRIC 17. Father's Neme (First, Middle, Last) 18. Mother's Nema (First, Middle, Maidan Surname) WEBSTER BARNES BESSIE UNKNOWN 19e. informent's Neme/Ralationship (Type, Print) 19b. Mailing Address (Straet and Number or Rural Route Number, City or Town, State, Zip Code) DOLORES BARNES (WIFE) 4718 VANCOUVER ROAD - BALTIMORE, MD 21229 20b. Plece of Disposition (Nama of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State Date 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) MT.OLIVET CEMETERY 7/2/97 BALTIMORE 21 Signature of Fungral Servica Licensee 22. Name and Address of Fecility HTBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD 23a. Pert1. Enter the disease, or complications that caused the demnshock, or heart failure. List only one cause on each line. not anter the mode of dying, such es cardiec or respiretory errest, Approximata Interval Between Onset end Death Immediete Cause (Finel diseese or condition resulting in deeth) enous Sequentially list conditions, if eny, leading to Immediate causa. Entar Underlying Ceuse (Diseese or Injury that initiated events resulting in death) Last Due to (of as a consequence of): Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part t. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 SUnknown 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to completion of cause of death? 20 No 25. Wes case referred to medical 26. Place of Deeth (Check only one) examiner? 250 No Other: Nursing Home 5 Residence 8 Other (Specify) 1 Yes 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

Physician/Medical Examiner The law requires that the death certi-P.O. Box Records, þ Completed certificate has Division of Vital lal or Attending Physician: The safter death.

Is after death.

In Director: After this certificate of in by the funeral director, pa Be 2 Certification:

Physician

/Medical

Examiner

Funeral

Director

show

"natural", or items 23a or 28a-f shov solical Examiner must be notified at

Pagas 1 and 2 should be filed within 72 hours aftar onent of Haalth and Mental Hygiena. Int: If Nem 27 is marked other than "natural", or Iter

and Mental Hygiena.

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Department of Important: If any Injury or once.

Physician /Medical

Examiner

Baltimore, Maryland 21215-0020

Director

Funeral

Completed by

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27. Menner of Death 1 Naturei 2 Accident 5 Pending investigation 6 Could not be detarmined 3 Sulcide

28e. Dete of Injury (Month, Day Year)

28b. Time of

28e. Place of Injury - At homa, ferm, street, fectory, office building, etc. (Specify)

28c. Injury et Work? 1 Yes 2 No

28d. Describe how Injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Cartifier

4 Homicide

Certifying Physician: To the best of my knowledge, daeth occurred at tha time, dete and place, and due to the ceuse(s) and mannar as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at tha time, data and place, and due to the ceuse(s) and mannar affated.

29b. Signature end title of certifies

29c. License number D32158

30. Neme end address of pers repleted causa of deeth (Item 23e) (Type, Print)

N. EUTAW STREET, SUITE 407, Bathmere MDZ1201. Jyohn 31. Dete filed (Month, Day, Year)

State Registrar

Medical

JUL 0 3 1997

To the Hospital of within 24 hours a To the Funeral Complataly filled in the Funeral Complated i

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re,	f Health fram 27 other tr		20e. Method of Disp	position				Ition (Name of atory or other place		Date	20c. Location -		vn, State
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	Physician /Medical		Immediate Cause (Final	0	11	. 1						Onset and Deeth
1	Examiner		disease or condition resulting in deeth)		. Rens	My	rcu	vie					11419
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ion	Attending F r deeth. ector: After by the funer	atio	1X Natural 2 Accident	5 Pending investigation	(Month, Day	y Year)	Injury		rk? Yes 2 □ No				
Division	or Attencafter deeti Director:	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not be determined	28e. Place of Injubuilding, etc.	ury - At home, f c. (Specify)	erm, stree	et, fectory, office			(Street and Numb own, Stete)	er or Rural	Route Number,
	To the Hospital or Attendi within 24 hours after deeth. To the Funeral Director: A completaly filled in by the fi	edicai C	29a. Certifier (Check only one)	1 Certifying Phy 2 Medical Exami	sician: To the best of the state of the basis of and manner state	examinetion a	e, death o	occurred at the tirestigation, in my o	me, date and place	ca, and due to the curred at the time	ceuse(s) and ma , date and place,	nner as sta	ated. the cause(s)
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	0		30. Name and addre	ss of person who o	ompleted cause of d	eath (Item 23a)	(Type, P	rint)	('	,	0		
	d		Sun	il P.	lej a	ne							
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State of Maryland / Department of Health and Mental Hygiene 97

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Baltimo permit. Pages Department of Important: If It any Injury or		21. Signetura of Funarai Service Lice	insaa		22. Name and Addi		DOG THE			
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10		30. Name end eddrass of person who	complated cause of de		ype, Print)	101	BAHIN		1	
1		Onelley M. C	ABBEIL, 4	000 01	o Court	- Kd	DAHIK	love, 1	UD.	21208
	ate	31. Data filed (Month, Day, Year)	32. Registra	ar's Signatura		,				
Regis	rar	JUL 03 1997	giral	Tavidson-Ra	ndelle					

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_				State of Maryland		te of Death	, ,	, No.	7 20069
ı	Physic		1. Decedent's Name (First, Middle, Lest)	CORIN			2. Data of Daath Month		3. Time of Death
ı	/Medi Examii		4a. Facility Name (If not institution, give s			4b. City, Town, or	Location of Death	4c. County of	997 1.38 PM
-	Funerai Director		136 40 617 3			GRABU or 1 Year If Under 24 Hrs Days Hours Min	8. Date of Birth (Month, Day, Y	TNNE 1923	ARUNDEL 9. Birthplace (Steta or Foreign Country) GERMANY
	and		Usual Residence of Decedent 10a. State 10b. County	10c. City	, Town or Location				10d. Inside City Limits
	Many H sho	tor	MARYLAND ANNE ARL	INDEL	Gu	EN BURNIE			1 ☐ Yes 2 No
	or 284	Oirec	10e. Street and Number			p Code		. Citizen of Wh	nat Country?
	s 23a	rail	994 7TH SI			21060			MANY
020	hours after death with the Maryland ural; or items 23s or 28s-f show all Examiner must be notified at	by Funeral Director	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	 12. Was Decadent Evar in U,S Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 		edent of Hispanic Origin? (Secify Cuban, Mexican, Puer 2 No Specify:	Specify Yas or No- to Rican, etc.)		- American Indian, White, etc.
21215-0020	72 hours "netural",	ted	15. Decedent's Educ (Specify only highest grede	cation	16a. Decedent's Usi	ual Occupation	orking 16	b. Kind of Busi	Iness/Industry
121		Completed	Elementary/Secondary (0-12)	College (1-4or 5+)	1.7	ork done during most of wa use retired)	n Kang	7	
	be filed with ital Hygiene. d other than event, the N		17. Father's Name (First, Middle, Last)		Hom	EMAKER 18. Mother's Na	me (First, Middle, Me	JOME den Surama	
Maryland		To Be	ADOLF	STE	UDEL	DORA			SPOER
lary	2 8 8 2		19a. Informant's Name/Relationship (Typ		19b. Mailing Addres	s (Street and Number or R			-
	C = 00 F			HUSBAND	994 77		EN BURNI		
Jor	50 50 1		20a. Method of Disposition 1 ☐ Burial 2 Cremation 3 ☐ Re	emoval from State	ace of Disposition (Ne emetery, cremetory or	other plece)	7/2/2		ity or Town, Stata
Baltimore,			4 Donation 5 Other (Specify) 21. Signature of Funeral Service Licenses		OO Name	REMATORY nd Address of Facility		BALTIN	
ñ	permit. Departn Importa any Inju		· And A Sel	/	CAFA	STEPHEN D.	LOHRMANI	N P.A.	21286
	1		23a. Part1. Enter the disease, or complic shock, or heart failure. List only on	cations that caused the death	. Do not enter the mo	GREEN PASTE de of dying, such as cardia	CRES DR	DACTIN	Approximate Interval Between
	Physician /Medicai		Immediate Cause (Final disease or condition			CFPITALO			Onsat and Death
	Examiner		resulting in death) a		as a consequence of		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		HOUNE
	acuted and transit	Examiner		CARDIORESPIR	PATORY A	RNEST - A	SYSTOL	E	ltours
ď.	executed in and tal-transit	Exar	Sequantially list conditions, if any, leading to Immediata cause. Enter Underlying	Dua to (or	as a consequenca of	:			
92	-	edical	Cause (Disease or Injury that initiated avants resulting in death) Last	Dua to (or	as a consaquance of)				
× 66	上記		d.						
Box	0 00	Physician/M							
P.O.	that the de led by the all detached it	hysic	Part II. Other algnificant conditions cont						ribute to the cause of death?
	s that gned to	by P	CORONARY	ARTERY	DISE	tse	1 L Yes	2 No 3	3 □ Probably 4 □ Unknown
of Vital Records,	e faw requires that has been signed b ge 2 should be deta	Completed	DIARETES	MELLIT	US		24a. Was an a performe		24b. Were autopsy findings available prior to complation of ceusa of death?
a B	The ate h page	Con					1□ Yes	20 No	1 ☐ Yes 2 ☐ No
Z.	ysicien: The) Be	25. Was case referred to medical examiner?	ospital:		Other	ath (Check only one)		
o	Attending Physician: r death. sctor: After this certific by the funeral director,	n: To	1 Yas 2 No	1 Inpatiant 2 LE	ER/Outpatient 3□ D 28b. Time of	OA 4 Nursing I 28c. Injury at Work?	Home 5 ☐ Residence 28d. Dascribe how		
ion	ath. r: Afte	atio	1	(Month, Dey Year)	Injury M	Work? 1 ☐ Yes 2 ☐ No			
Division	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director. After th completely filled in by the funeral	Certification:	3 ☐ Suicida 6 ☐ Could not be datarmined	28e. Place of Injury - At hor building, etc. (Specify)	me, farm, street, facto	y, office	28f. Location (Stree City or Town, S		or Rurel Routa Number,
	Hosp 24 hou Funer tely fil	edical	29a. Certifier 1 Certifying Phyai (Check only one) 2 Medical Examin-	ician: To the best of my know er: On the basis of examination	rledge, death occurred on and/or investigation	at the time, data and place, in my opinion, death occ	e, and due to tha caus urred at the time, date	se(s) and man	ner as stated. Indicate to the cause(s)
	o the	Mec	29b. Signature and title of cartifier	and manner stated.	29	c. Licensa number	29d	. Date signed	(Month, Dey, Year)
	- s - ö		1	~!)		54800			
	2		30. Name and address of person who cor			54800			
	3		OLUSEGUD OGUNF			ItOSPITAL ,	GLEN BU	RNIE "	mD 21061
	Sta	te	31. Date filed (Month, Day, Yeer)	82. Registrar's Signatu	ure				

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nema (First, Middla, Last) 2. Data of Death Month inwood 4b. City, Town, or Location of Death 4c. County of Death H Under 1 Year If Under 24 Hrs. Center 3210 Powder Mill Prince George M 2DF 8. Date of Birth Month, Day 7. Age (In yrs. last birthday) 9. Birthplace (Stete or Foraign Days Hours 10b. County 10c. City, Town or Location 10d. Insida City Limits Montgomery Silver Spring 1 Yes ZONO 10f. Zip Coda 10g. Citizan of What Country? 20901 U.S.A. 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puarto Rican, atc.) Rece - American Indian, Bleck, Whita, atc. Specify: White 1 ☐ Yas 2 No

/Medical 4a. Fscility Nama (If not institution, give street and number) Examiner Hillhaven Nursing 5. Sociel Security Number **Funeral** 215-09-958 Director Usual Rasidance of Dece permit. Pagas 1 and 2 should be filed within 72 hours aftar death with the Manyland Department of Hastih and Mental hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28=4 ahow any injury or other traumatic event, material is an injury or other traumatic event, material is a finite and in the contract of 10a Stata Maryland Director 10e. Street and Number 106 Franklin Avenue Funeral 1 ☐ Never Married 2 ☐ Married 1 ☐ Yas 2 ☑ No If Yas, Giva Yeer or Datas: Saltimore, Maryland 21215-0020 þ 3 ₺ Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highest grada completed) 16b. Kind of Businass/Industry Baltimore City Elemantary/Secondary (0-12) College (1-4or 5+) Police Officer Police Department 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Claude Cox Florence (Unknown) 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) 106 Franklin Avenue Silver Spring, Maryland 20901 Sharon Taylor (Daughter) 20b. Place of Disposition (Nama of cematary, crematory or other piece) June 30, 20e. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from Steta Carroll Cremation Services 1997 4 ☐ Donation 5 ☐ Other (Specify) Hampstead, Maryland 21. Signeture of Funeral Service Licensee 22. Nama and Address of Fecility Witzke Funeral Home of Catonsville, Inc. 1630 Edmondson Avenue Catonsville, Maryland 21228 יטג 23a. Pert1. Entar the disease, or complications that ceused the deeth. Do not antar the mode of dying, such as cardiac or respiretory strest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediata Causa (Final disease or conditi-rasulting in death) Examiner Examiner Drang the burial-transit Sequantially list conditions, if any, leading to immadiata cause. Entar Undarlying Causa (Disaase or Injury that initiated events resulting in death) Last Dua to (or as a consequence of) Physician/Medical Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68 signed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Carcinomo þ Completed Ave joint Disease certificata To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific. 25. Was cesa rafarred to medicei axaminar? Be 28. Place of Death (Check only ona) Hospital: Othar: 4 String Homa 5 Rasidance 8 Othar (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of tnjury (Month, Day Year) 28c. Injury at Work? 27. Mannar of Death Certification: 28b. Tima of Natural 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 2 Accidant filled in by the 3 Sulcida 8 Could not be Place of Injury - At homa, farm, straat, fectory, office building, atc. (Specify) 4 T Homleida Tip Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated. edical 29e. Cartifian

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Onknown 24e. Wes en sutopsy performed? 24b. Wara autopsy findings evalleble prior to completion of causa of daath? 2 NO 1 ☐ Yas 2 ☐ No 28d. Dascribe how Injury occurred 28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

29d. Data signed (Month, Day, Year)

Approximete Intarval Betw

6 months

State

complately

Physician

Lockwood 11251 31. Data filad (Month, Day, Year) JUL 0 3 1997 Registrar

29b. Signafi

Silver DR . Begister's Signature

completed ceusa of daath (Itam 23a) (Type, Print)

29c. License number

Spring

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DHMH 16 Rev 6/95

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth Month Cina Dominick 29, 1997 9:03a.m. June 4e. Fecility Neme (If not institution, give street end number) 4h City Town or Location of Deeth 4c. County of Deeth Good Samaritan Hospital N/A Baltimore City If Under 1 Yeer Hours Min. 8. Date of Birth (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. last birthdey) Birthplece (Stete or Foreign Country) 1 M 2 □ F 199-09-1987 79 Yrs. Jan. 15, 1918 Italy Usuel Residence of Decedent 10b. County 10c. City, Town or Locetion 10d. Inside City Limits 1 Yes 2 No N/A Baltimore City 10e. Street end Number 10f. Zip Code 10a. Citizen of Whet Country? 4909 Grindon Ave. 21214 United States 11 Meritei Status 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 1 ∑Yes 2 □ No If Yes, Give Yeer or Dates: WW II 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 X No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced White 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 18b. Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+) Ship building and Carpenter repair 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) D. Cina Anthony Mary Theresa Carivivale 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Madeline M. Cina (Wife) 4909 Grindon Ave. Baltimore, Md. 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burlal 2 ☐ Cremetion 3 ☐ Removel from State 4 Donetion 5 Other (Specify) Entombment Gardens of Faith 7/3/97 Baltimore Maryland 21. Signeture of Funeral Service Licensee Milton Knight Jr 22. Name and Address of Fecility Leonard J. Ruck, Inc. 21214 5305Harford Road Baltimore, Maryland caused he deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, 23a. Pert1. Enter the diseas shock, or heart feilure. Approximete ntervel Between Onset end Death Immediate Ceuse (Finel RUPTURED ABDOMINA - AORTIC PNEURISM disease or condition resulting in deeth) ADRIC ATHEROSCLEROSIS Due to (or es e consequence of): PIABETES MELLITUS, Due to (or es e consequence of) PERTENSION 23b. Did tobacco use contribute to the cause of death? 1 TYPE 2 No 3 Probably 4 Unknown 24a. Wes en eutopsy performed?

Physician /Medical Examiner

end

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signed by the el

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Completed

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Medical Certification:

law requires that the death certificate be axed

P.O. Box 68760,

Records.

Division

Physician

/Medical

Examiner

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Md.

12

Director

Funeral

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Completed

Be

Funeral

Director

show

death

72 hours after

should be filed within 7; ind Mental Hygiane.

permit. Pages 1 and 2 should be file Department of Heath and Mental Hy Important: If Item 27 Is merked othe any Injury or other trauments

Baltimore, Maryland 21215-0020

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Mexical Examiner must be notified at

Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or Injury that Initiated events resulting In deeth) Lest Physician/Medical

Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

24b. Were autopsy findings aveileble prior to completion of cause of deeth?

1 ☐ Yes 2 1 No

26. Place of Deeth (Check only one)

1 ☐ Yes 2 ☐ No

25. Wes case referred to medicel 1 Yes 2 No 27. Mannes of Death

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 5 Pending Investigation

28b. Time of

28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury et Work? 1 ☐ Yes 2 ☐ No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

28f. Location (Street end Number or Rurel Route Number, City or Town, Stete)

29e. Certifier

1 Netural

2 Accident 3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end manner as steted.
2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end placa, end due to the ceuse(s) end menner steted.

29b. Signature and title of certifier

31. Dete filed (Month, Day, Year)

JUL 0 3 1997

29c. License number

29d. Dete signed (Month, Dey, Yeer)

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)_

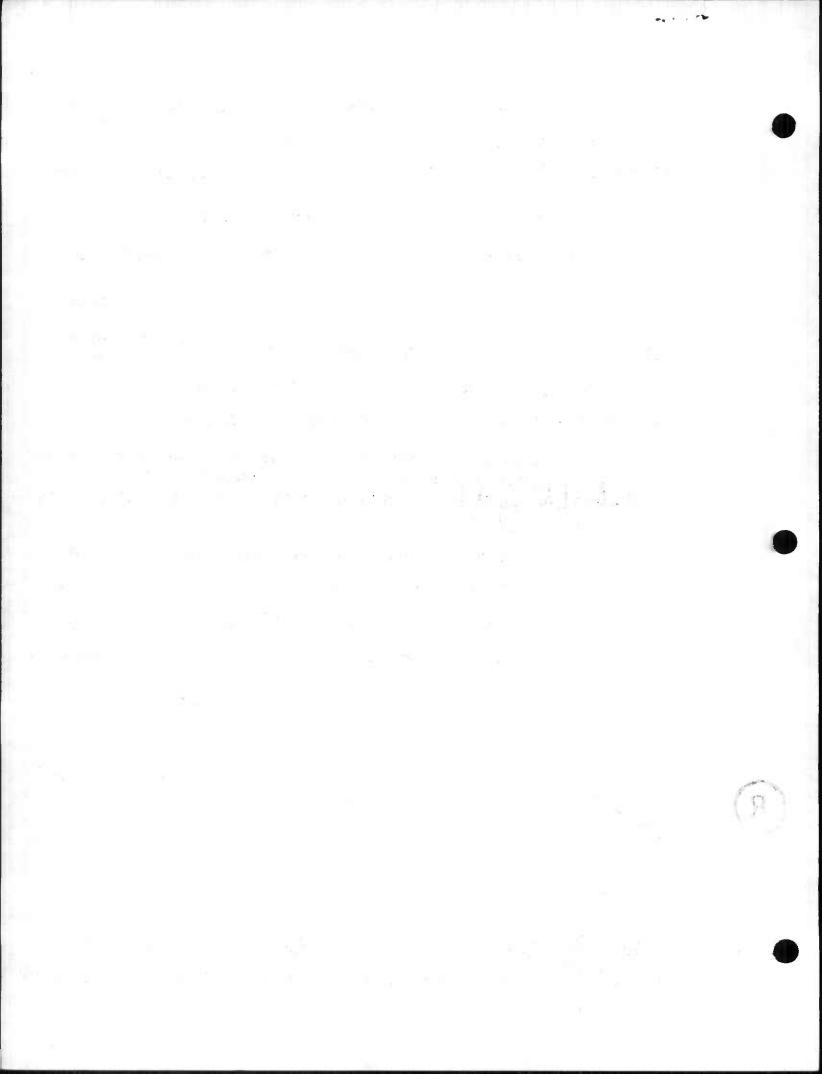
6 Could not be determined

State Registrar



DHMH 16 Rev 6/95

To the Hospital within 24 hours a To the Funeral C Hospital



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Deartimore Department of H Important: If its any injury or ott	once.	4 ☑ Donation 5 ☐ Other (Space 21. Signature of Funaral Sarvice Lice Roma	* .	22. Nama	and Address of Fecility		p. 1	
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DHMH 16 Rev 6/95

TERRVON DAVIS

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

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ASP

Examiner

Funeral Director

r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at deeth

permit. Peges 1 and 2 should be filed within 72 hours after to Department of Haalth and Mentel Hygiene. Important: If Item 27 is marked other than "naturel", or item eny injury or other traumatic event. In the state of the state of the state of the state.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

Box The law requires that the death P.O. signed t Records. page 2 should certificata Division of Vital or Attending Physician: director, this in by the funaral

After

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To the Hospital of within 24 hours er To the Funeral Drompletely filled. pelli

State Registrar

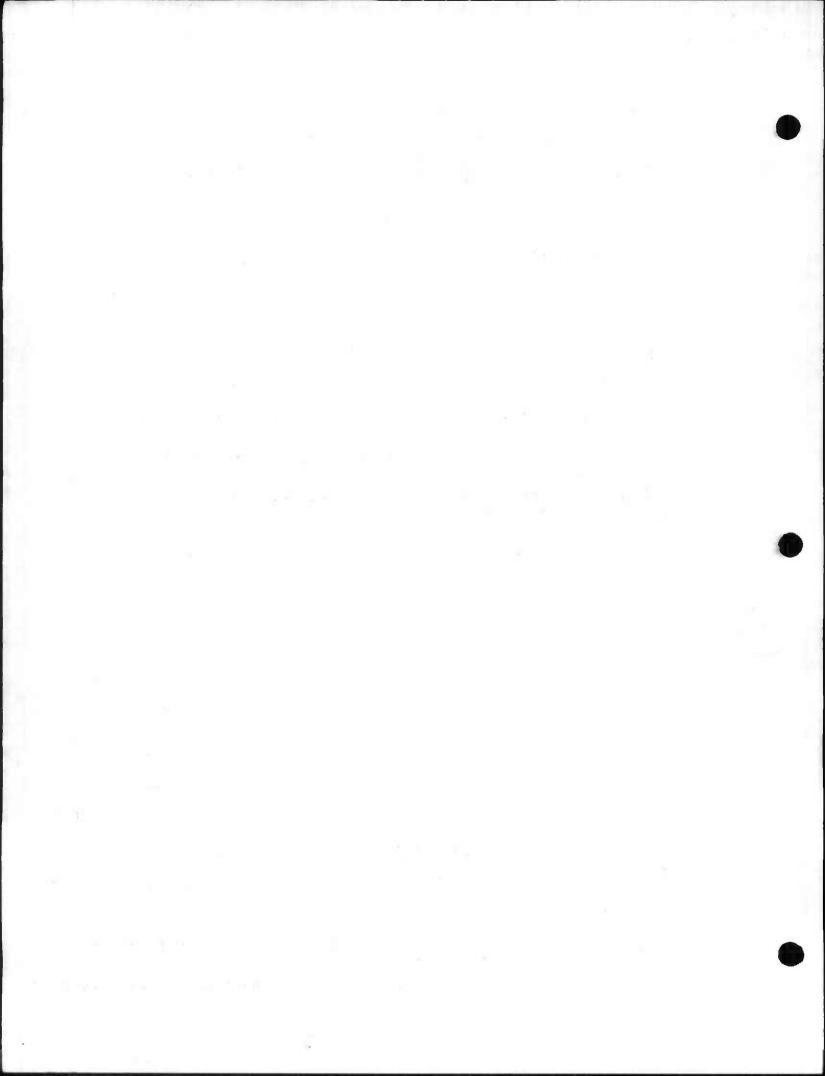
1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month JUNE 30 Terron Herman McKay Davis 1997 1:00 Д 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth 4700 BLK ALHAMBRA BALTIMORE N/A 5. Social Security Number 6. Sex 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 2-9-1982 9. Birthplace (Stete or Foreign **X** M 2□ F Months Deys Houra 218-15-7780 15 Yrs. Maryland Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director N/A 1X Yes 2 No Md. **Baltimore** 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 514 Oakland Avenue 21212 USA Funeral Was Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Marital Status 12. Was Decedent Ever In U.S. 14. Race - American Indien, Black, White, etc. Armed Forces?

1 Yes 2 No
if Yes, Give X Never Married 2 Married 1□ Yes 2ENo Specify Specify: Black à 3 Widowed 4 Divorced Year or Dates: Be Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 9 N/A N/A th 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Ronald Dracy Davis Terry Ann Hamond 19a. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Terry Ann Davis (Mother) 514 Oakland Ave. Balto., Md. 21212 20a. Method of Disposition

XXBurial 2 □ Cremation 3 □ Removal from State 20b. Plece of Disposition (Name of cemetery, cremetory or other place) 20c. Location - City or Town, Stete Mt. Calvary Cemetery 7-5-97 Glen BUrnie Md. 4 Donetion 5 Other (Specify) 21. Signature of Funeral Service Lice 22. Name end Address of Fecility Caple Funeral Service 5502 Winner Ave. Balto., Md. 21215 e. or court ications that caused the deeth. Do not enter the mode of dylng, such as cardiac or respiratory errest, Approximate Interval P Interval Between Onset end Death Immediate Cause (Final Two Gunshet wounds to the back disease or condition resulting in death) Due to (or es a consequenca of): Examiner Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or injury that Initiated events resulting In death) Last Due to (or as a consequence of): Physician/Medical Due to (or as e consequence of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by Completed 24b. Were autopsy findings available prior to completion of cause of death? 24e. Wes an autopsy performed? 1 Yes 2 □ No 1 Yes 2 No Be 25. Was case referred to medical 26. Plece of Death (Check only one) Hospitel: 1 | Inpatient | 2 | ER/Outpatient | 3 | DOA Other: 4 Nursing Home 5 Residence 6 To ther (Specify) SCENE Yes 2□ No 9 27. Manner of Deeth Certification: Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending investigation 1 Netural Injury 1255 AM 1 Yes 2 No 2 Accident 6-30-97 Subject was Shot 281. Localion (Street and Number or Rurel Route Number, City or Town, State) 4706 A lhambya 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office bullding, etc. (Specify) 4 Homicide Street

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(s) and manner as stated.

X Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) O.C.M.E JUNE 30,1997 30. Name and address of person who completed cause of death (Item 26a) (Type, Print) Stephen Si Radentz 31. Date filed (Month, Day, Year) 32. Re 111 Penn Street, Baltimore, Maryland 21201 32. Registrer's Signature Julia Davidson-Randelle JUL 0 3 1997



Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. ITEM: 21 per FH G-749 7-3-97 eoh State of Maryland / Department of Health and Mental Hygiene Item:16a per FH G-749 7/2/97 dh Certificate of Death 1. Decedant's Nama (First, Middla, Last) 3. Time of Death 2. Data of Death Month **Physician** 6:05 PM DONOVAN JR. 1997 **JAMES** FRANCIS 16 June /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 702 Town Circle Drive
5. Social Security Number 6. Sax Joppa If Undar 24 Hrs. Harford If Undar 1 Yaar 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Birthplace (Steta or Foreign Country) **Funeral** XXM 2□ F Months Days Hours Min Yrs. 051-30-8687 Director 58 Sept.21,1938 New York Usual Residanca of Decedant death with the Maryland 10a. Slata 10b. County r than "natural", or items 23s or 28st-f show 10c. City. Town or Location 10d. Inside City Limits Harford Maryland 1 ☐ Yas XX No Director Joppa 10e. Straat and Number 10f. Zip Coda 10g. Citizan of What Country? 702 Town Circle Drive 21085 USA 12. Was Decedant Evar in U,S. Armed Forcas? 1,□,Yas 2 □ No I,Yes, Giva 14. Race - Amaricen Indian, 11. Marital Status Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Ricen, atc.) Black, Whita, etc. filed within 72 hours after 1 Navar Married 2 Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2℃No Specify: White by 3 Widowad 4 Divorced Yaar or Datas:1956-1960 Completed 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed withir Department of Health and Mental Hygiene. Important: If Item 27 Is marked other than any injury or other traumatic event. Elemantary/Secondery (0-12) College (1-4or 5+) Representative Representive Insurance Sales Insurance Industry 12th grade 17. Fathar's Nama (First, Middla, Last) N/A resentive 18. Mothar's Nama (First, Middla, Maidan Surnama) Be James Francis Donovan, Sr. Mildred Marie Peters 19a. Informent's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Streat end Number or Rural Routa Number, City or Town, Stata, Zip Coda) Brian Keith Donovan 4258 Chapelgate Place Belcamp, Md. 21017 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20c. Location - City or Town, Stata 20e. Mathod of Disposition Data 1 ☐ Burial 2√Cramation 3 ☐ Ramoval from Stata Metro Crematory, Inc. 6-17-97 Baltimore, Maryland 4 Donetion 5 Othar (Specify) 21. Signature of Funaral Sarvice Licensea
HEATHER LASSSHN CHOJNOCK 22. Nama and Addrass of Facility E. F. Lassahn Funeral Home 23a. Part1. Enter the disease, or complications that ceused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximate Interval Batwaan Onsat and Death **Physician** /Medicai Immadiata Causa (Final disaasa or condition rasulting in daath) Examiner Dua to (or as a consequance of) Examiner burial-transit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events and Due to (or as a consequence of): Box 68760. physician certificata be ician/Medicai that initiated events rasulting in death) Last the Dua to (or as a consequenca of) SE the attanding P.O. Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. be datached 23b. Did tobacco use contribute to the cause of deeth? Physi 6 2□ No 3 Probably 4 Unknown Records. þ 24b. Wara autopsy findings aveilable prior to Completed 24a. Was an autopsy METASTASES complation of causa of deeth? certificata has 1 Yas 1 Yas Division of Vital or Attending Physician; Be 25. Was cese rafarrad to medical axaminar? 28. Pleca of Death (Check only one) Hospital: Other: 4 Nursing Homa 2 1 🗌 Yas 1 Inpatiant 2 ER/Outpatient 3 DOA 5 asidence 6 Othar (Specify) this funeral 27-Menn of Deeth 28a. Dete of Injury (Month, Dey Year) Certification: 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred After 1 Disturel 2 Accident 5 Panding invastigation Injury death. To the Hospital or Attendiwithin 24 hours after death.
To the Funeral Director: A 1 Yas 2 No 6 Could not be dataminad 28e. Plece of Injury - At homa, farm, street, fectory, office building, atc. (Specify) 3 Sulcide 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 6 4 Homiclda 29a. Cartifie Certifying Physicien: To tha best of my knowladge, deeth occurred at the time, dete end place, and due to the ceuse(s) end mannar es stated.

Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, daath occurred et the time, date end place, and due to the cause(s) and manner stated. Medical (Check only

29c. Licensa number

f death (Item 23a) (Type, Print)

29d. Data signed (Month, Day, Year)

FALLS RD, SUITE 200 LUTHERMILE, MD 21093

Registrar

29b. Signatura and this of ce

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death July 1, **Physician** William Doran 1997 4:00 pm /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 26 Transverse Avenue Middle River Baltimore Hours Min. B. Date of Birth (Month, Day, Yeer)

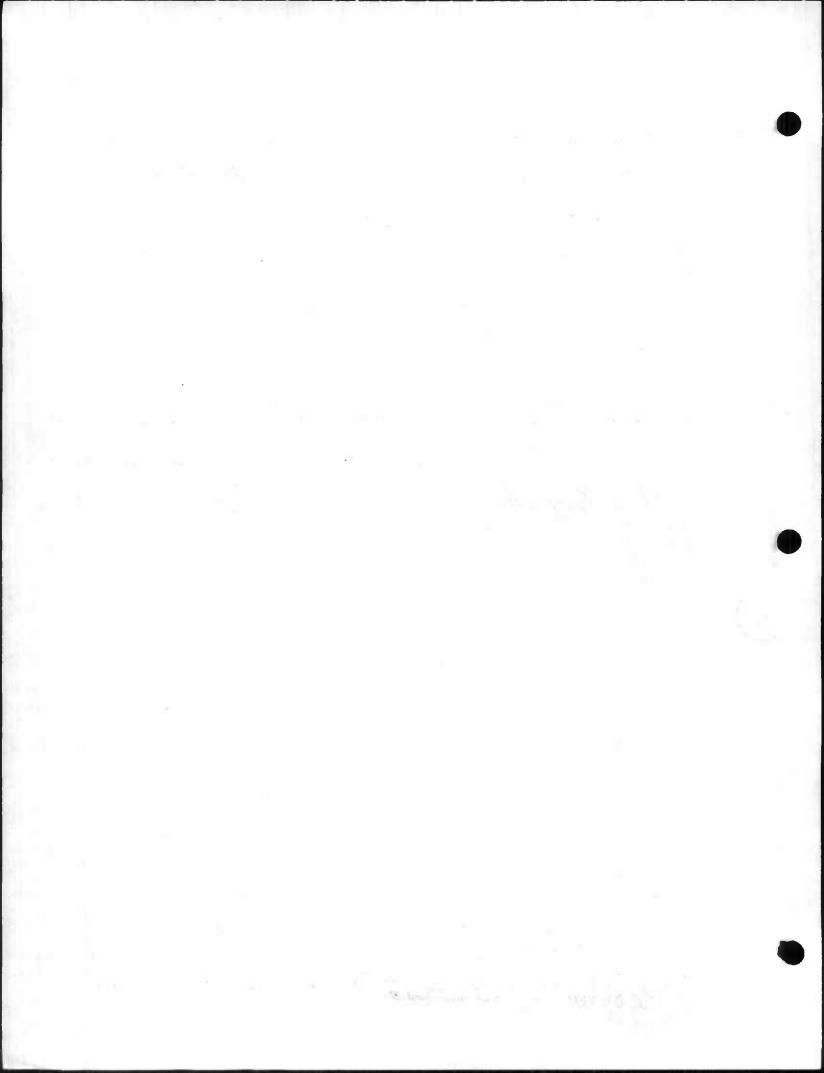
July 26, 1916 5. Social Security Number if Under 1 Year Funeral 7. Age (In yrs. last birthday) Birthpiaca (State or Foreign Country) 1 M 2□ F Months Days 483 01 3276 80 Yrs. Director Nebraska Usual Residence of Decedent deeth with the Maryland 10a. Stete 10b. County 10c. City, Town or Location items 23s or 28s-f show 10d. Inside City Limits 1☐Yes 2☐,No Directo Maryland Baltimore Middle River 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 26 Transverse Avenue 21220 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 DXYes 2 □ No If Yes, Give Year or Dates: WW 2 Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, etc. 11. Maritei Status the Medical Examiner filed within 72 hours after 1 Never Married 2 Married 21215-0020 ò 1 ☐ Yes 2 X No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorcad naturai White Completed 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grade completed) I Hygiene. Etementary/Secondery (0-12) College (1-4or 5+) 14 Supervisor Lever Brothers Co. Baltimore, Maryland 17. Father's Neme (First, Middle, Last) permit. Peges 1 and 2 should be filk Depertment of Health and Mental Hy Important: If Item 27 is merked oth any injury or other traumatic event ans. 18. Mother's Name (First, Middle, Maiden Sumeme) Be James Doran Olive Burrows 19a. Informent's Name/Relationship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Estelle Doran (wife) 26 Transverse Ave. Middle River, Maryland 21220 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Oak Lawn Cemetery 7/5/1997 Baltimore, Maryland 22. Name and Address of Facility
Bruzdzinski Funeral Home PA 21. Signature of Funeral Service License 1407 Old eastern Ave Essex, Maryland 21221 OFWIN N Part 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardlec or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Intervel Betw Intervel Between Onset end Death Physician /Medical Immediate Ceuse (Final SAME Clas disease or condition resulting in death) **Examiner** Due to (or as a consequenca of): Physician/Medical Examiner metastate concedora 8 50 10 170 Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es e consequenca of) Division of Vital Records, P.O. Box 6876 Due to (or es a consequence of) The lew requires that the death Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Completed 24b. Were autopsy findings evailable prior to completion of cause of death? 24a. Was an autopsy performed? certificate hes 1 Tes 2 X No 1 ☐ Yes 2 ☐ No or Attending Physician: Be 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 XNo 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA After this 27. Manner of Death Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 1 Netural 5 Pending investigation death. 1 ☐ Yes 2 ☐ No 2 Accident the Director: 6 Could not be determined 3 ☐ Suicide In by t 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide within 24 hours e To the Funeral I. completely filled filled the Hospital 1 Certifying Physician: To the best of my knowledga, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examinetr On the basis of examination and/or investigation, in my opinion, deeth occurred at tha time, date and place, and due to the cause(s) and manner stated. Medical 29e. Certifler (Check only one) 29b. Signature end title of certifier 48 29c. License number 29d. Date signed (Month, Day, Yeer) Bett D09516 q 30. Neme and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

Boston

St., Baltimore, MD 21024

State Registrar



WRC 97-3614-005 EVA M. DREHMER

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Deys

21220

Certificate of Death

Physician
/Medical
Examiner

JUNE

Stella

1997 10:46 PM

Birthplece (Stete or Foreign Country)

10d. Inside City Limits

1 ☐ Yes 2 ☐ No

3. Time of Death

4b. City, Town, or Location of Deeth ESSEX

2. Dete of Death

18. Mother's Name (First, Middle, Meiden Sumeme)

Mullherin

Dey

Hunder 24 Hrs. B. Date of Birth (Month, Dey, Year)
Sept. 30,1947

9. Birthplece (Stete or For Country)
Pennsylvania

30, 4c. County of Deeth

> 14 Reca - American Indien Bleck, White, etc.

Specify: White

16b. Kind of Business/Industry

Law Office

20c. Location - City or Town, Stete

Baltimore, Maryland

Approximate Interval Between Onset end Deeth

Baltimore

10g. Citizen of Whet Country?

IISA

Funeral Director

show 6

with the Maryland r than "natural", or Items 23e or 28a-f show the Medical Examiner must be notified at death v al Hygiene. traumatic event,

filed within 72 hours efter permit. Pages 1 and 2 should be filk Depertment of Health and Mental Hy Important: If item 27 Ia marked other any Injury or other traumatic event

altimore, Maryland 21215-0020

Physician /Medical Examiner

ä 684 ending phy P.O. signed by t Records, The law page 2 s has certificate Division of Vital After this or Attending

death.

within 24 hours after deat To the Funeral Director: Hospital the

Be 2 Certification: 2 edicai

1. Decedent's Name (First, Middle, Lest) Eva Manilla. Drehmer 4e. Fecility Name (If not institution, give street and number) FRANKLIN SQUARE HOSPITAL 5. Social Security Number 7. Age (In yrs. lest birthday) if Under 1 Year Months 1□ M 2□ F 051 38 8472 49 Usuel Residence of Decedent 10b. County 10c. City, Town or Location Directo Maryland Baltimore Middle River 10e. Street end Number 10f. Zip Code 1126 Beech Drive Funerai 12. Was Decedent Ever In U,S. Armed Forces? 11 Maritei Status 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Never Merried 2 🕅 Merried 1 ☐ Yes 2 ☐ No If Yes, Give 1 Yes 2 No Specify: à 3 ☐ Widowed 4 ☐ Divorced Year or Detes: 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) Elementary/Secondery (0-12) College (1-4 or 5+) 12 Secretary 17. Fether's Name (First, Middle, Last) Be Clvde Norman Shorev 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Richard H. Drehmer (husband) 1126 Beech Drive Middle River, MAryland 21220 20b. Placa of Disposition (Neme of cametery, cremetory or other pleca) 20a. Method of Disposition 1 ☐ Burial 2 【Cremetion 3 ☐ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) Greenmount Crematory 7/3/1997 22. Name end Address of Fecility Bruzdzinski Funeral Home PA 21. Sign it to of Funeral Service Licensee 1407 Old Eastern Ave Essex, Maryland Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, or heart failure. List only one cause on each line. Immediate Cause (Final disease or condition resulting in deeth) Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Physician/Medical þ Completed 25. Wes case referred to medical

Due to (or es e consequenca of): Due to (or es e consequença of): Due to (or es e consequence of): Pert II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco uee contributa to the cause of death? 4 Unknown 1 Yes 2 No 3 Probably 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 26. Plece of Deeth (Check only one) examiner? 1 ☐ Yes 2 ☐ No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 27. Manner of Death 28e. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Sulcide 6 Could not be determined 28e. Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29a. Certifier 1 Certifying Phyeicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.

**Medical Examiner: On the basis of exeminetion end/or investigetion, in my opinion, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner stated. (Check anly one) 29b. Signeture and this of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) O.C.M.E. JULY 01, 1997 Chr

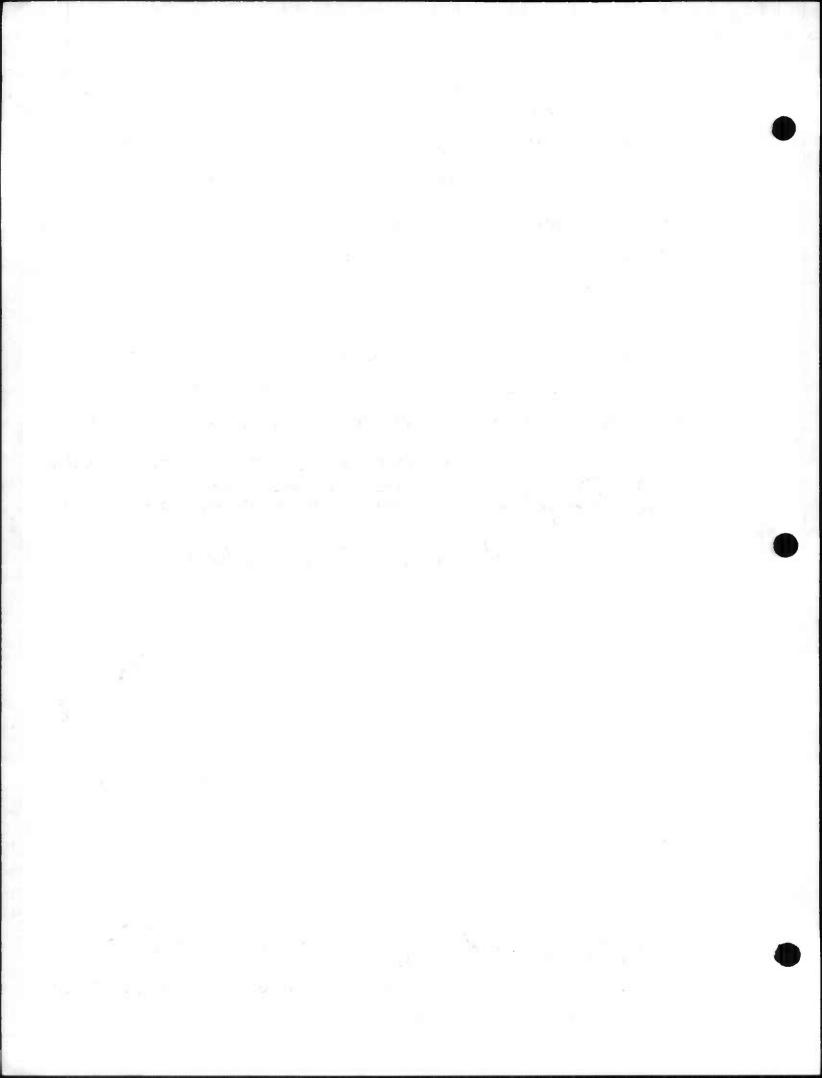
State Registrar

HEDDORE Miler 31. Dete filed (Month, Day, Yeer) JUL 0 3 1997

30. Name and eddress of person who completed cause of deeth flu

111 Penn Street, Baltimore, Maryland 21201 Regular's Signature

m 23e) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

20077

Usual Residence of Decedent 10a. State 10b. County Md. 10c. Street and Number 10l N. Bone 11. Marital Status Never Married 2 Married 15. Decedent' (Specify only highes Elementary/Secondery (0-12) 17. Fether's Name (First, Middle, L. William He: 19a. Informent's Name/Reletionsh Nina Gloms 20e. Method of Disposition 1 Burial 2 Cremation 4 Donetion 5 Other (Sp.	Corporati 6. Sex 15.M 2 F 7. Ag 16.M 2 F 7. Ag 17.M 2 F 7. Ag 18.M	LON 96 lin yrs. last bin 96 10c. City, Town Bal Ever in U.S. 50 16a. 19b.	Yrs. Months n or Location timore 10f. Z 13. Was Dec If Yes, sp 1 Yes Decedent's Us (Give kind of wife. DO NOT) Spiscory	ip Code 212 edent of ecify Cut 20No	4b. City, Town, or Baltim If Under 24 Hrs Hours Min 31 Hispenic Origin? (Span, Mexican, Puer Specify:	8. Date of Bird (Month, De Mar. 3)	h, Year), 1901 10g. Citizen of US. 14. Rac Bla Specif, 16b. Kind of B	9. Birthplaca (S Country) Maryla 10d. Insi 12d What Country? A ca - American Indick, White, etc. y: White	and ide City Limits I Yes 2 □ No	
Church Home 5. Social Security Number 139-30-7094 Usual Residence of Decedent 10a. State 10b. County Md. 10e. Street and Number 101 N. Bond 11. Marital Status Xi Never Married 2 Married 3 Widowed 4 Divorced (Specify only highes Elementary/Secondery (0-12) 17. Fether's Name (First, Middle, L William He: 19a. Informent's Name/Reletionsh Nina Gloms 20e. Method of Disposition 1 Burial 2X Cremation 4 Donetion 5 Other (Sp.	Corporati 6. Sex 15.M 2 F 7. Ag 16.M 2 F 7. Ag 17.M 2 F 7. Ag 18.M	LON 96 lin yrs. last bin 96 10c. City, Town Bal Ever in U.S. 50 16a. 19b.	thday) If Und Yrs. In or Location timore 10f. Z 13. Was Decedent's Us (Give kind of wife. DO NOT) Spiscopy	ip Code 212 edent of ecify Cut 20No	4b. City, Town, or Baltin Baltin If Under 24 Hrs Hours Min 31 Hispenic Origin? (Span, Mexican, Puer Specify: pation of during most of word)	8. Date of Bird (Month, De Mar. 3	h, Year), 1901 10g. Citizen of US. 14. Rac Bla Specif, 16b. Kind of B	9. Birthplaca (S Country) Maryla 10d. Insi 12d What Country? A ca - American Indick, White, etc. y: White	and ide City Limits I Yes 2 □ No	
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9000 V. Mulley 6500 York Rd. Balto.Md. 21212										
Immediate Ceuse (Final disease or condition resulting In death)	· ARTE				CARI	10 VASC	VLAR	Dist	15%	
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examiner?	Hospital: 1 ☐ Inpatie	ent 2 ER/Ou	tpatient 3 🗆 🗅	OA O	hor			ner (Specify)		
27. Menner of Death	28a. Date of Inju	ry 28b. T		28c. Inju	ry at	28d. Describe t	now injury occur	rred		
2 Accident investiga	ation		М							
3 Suicide 6 Could na 4 Homicide determin	of be ned 28e. Place of Inju- building, etc	ury - At home, fac c. (Specify)	rm, street, facto	ry, offica		28f. Location (S City or Tox	Street end Numl vn, Stete)	ber or Rurel Route	Number,	
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A-A N	orzem	no					INE.	30,1	997	
30. Name and address of person w	who completed cause of d	eath (Item 23a) (Type, Print)							
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Phy /M-Exa

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permit. Pages 1 and 2 should be filed within 72 hours after deeth with the Maryland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-4 show enly injury or other than the New York in the Ne

Baltimore, Maryland 21215-0020

Physici /Medic Examir

Division of Vital Records, P.O. Box 68760

To the Hospital or Attending Physician: The lew requires that the deeth certifical within 24 hours after death.

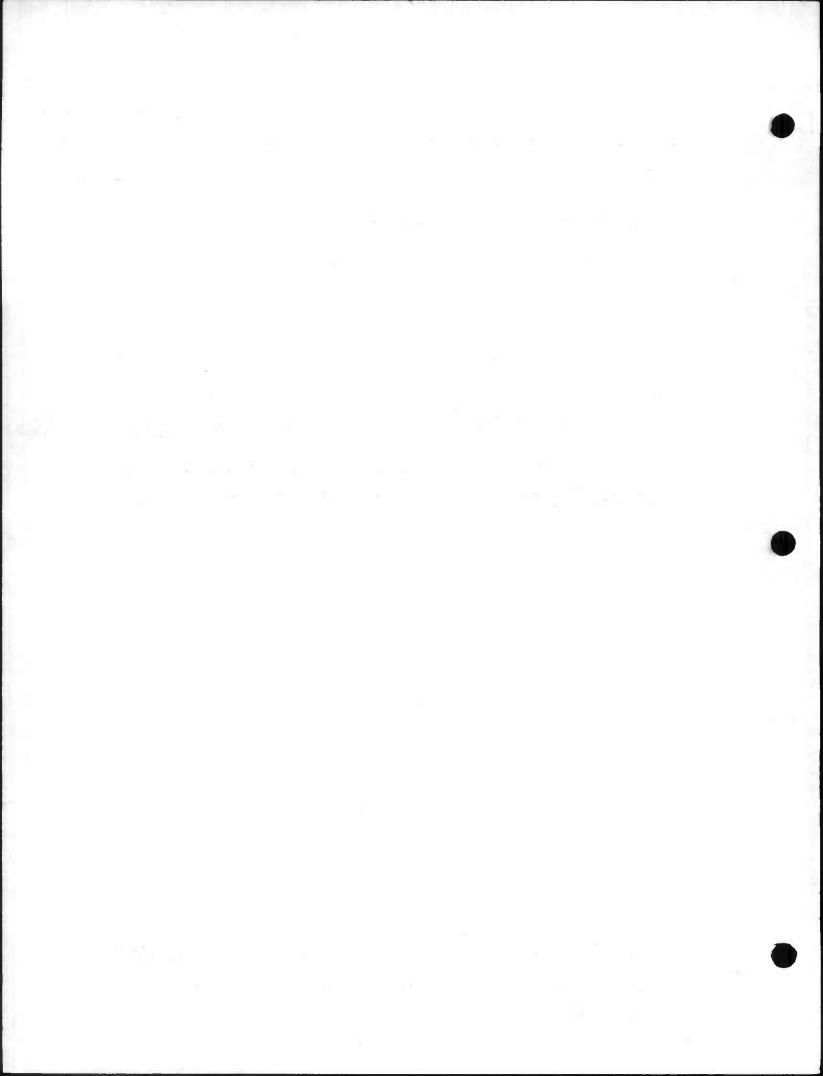
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State

Registrar

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GERALD DAVIS

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

If Under 1 Year

10f. Zip Code

Deys

75407

1 ☐ Yes 2 No Specify:

16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)

Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.)

repartment of nealth and	wentar	nygiene
Certificate of Death		Reg. No

20079

Physician
/Medical
Examiner

Gerald E. Davis

4e. Feclity Neme (If not institution, give street end number)

Collin

6. Sex

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JUNE 24, 4b. City, Town, or Location of Deeth

HAGERSTOWN

3 Time of Deeth Yesi 1997 11:21PM 4c. County of Deeth

WASHINGTON

Funeral

Usuel Residence of Decedent 10b. County 10c. City, Town or Location

Months

7. Age (In yrs. lest birthday)

Princeton

58

12. Wes Decedent Ever in U,S. Armed Forces?

1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Detes:

College (1-4or 5+)

If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) MAR 2, 193 1939

2. Dete of Deeth

Month

9. Birthplece (State or Foreign Country)
Indiana

10d. Inside City Limits

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

Hygiene. permit. Pages 1 and 2 should be file.
Department of Health and Mental Hy
Important: If item 27 is marked other
any injury or other traumatic avant

altimore, Maryland 21215-0020

Physician /Medical Examiner

Box 68760 the 804 for use es P.0. Records, 8 page 2 certificate Division of Vital Hospital or Attending Physician: director this Affer death.

State

Registrar

after

1. Decedent's Neme (First, Middle, Last) WASHINGTON COUNTY HOSPITAL 5. Social Security Number 344-30-6610 Director TX 10e. Street end Number Rt. 5, Box 305 Funeral 11. Merital Stetus 1 ☐ Never Married 2 ☑ Married à 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grede completed) Elementery/Secondary (0-12) 17. Fether's Neme (First, Middle, Last) Be George Robert Davis 19e. Informent's Neme/Reletionship (Type, Print) Margaret A.Duren - wife 20e. Method of Disposition

1 ☐ Buriel 2 ☐ Cremation 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of uneral Service Licensee Immediate Ceuse (Finel disease or condition resulting in deeth)

Examine Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Physician/Medicai Pert II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. þ Completed Be 25. Wes case referred to medical

No 2□ No

1 Naturei

2 Accident

4 ☐ Homicide

3 Sulcide

29a. Certifier (Check only

2 Certification: d in by the To the Hospital o within 24 hours aff To the Funeral Di completely filled in Medical

27. Menner of Deeth

HALLARITS

5 Pending investigation

6 Could not be determined

M

28b. Time of Injury

28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify)

RODDWAY

20 50 F M

Hospitel: 1 ☐ Inpatienf 2XX R/Outpetient 3 ☐ DOA

O.C.M.E.

29c. License number

1 Yes 2 No

28c. Injury et Work?

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

28e. Dete of Injury (Month, Dey Year)

6-24-47

A. KORFLI11 Penn Street, Baltimore, Maryland 21201

31. Dete filed (Month, Day, Year) JUN 2 6 1997

29b. Signeture end title of certified

32. Registrer's Signature die Wardson

DHMH 16 Rev 6/95

1 ☐ Yes 2 No 10g. Citizen of Whet Country?

USA

14. Rece - American Indien, Bleck, White, etc. Specity: white

16b. Kind of Business/Industry

Truck Driver Overland Transportation 18. Mother's Name (First, Middle, Maiden Sumeme)

Wanda Bauer

19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)

Rt. 5, Box 305, Princeton, Texas 75407 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, Stete

6/26/97 Chesapeake Crematory, Inc.

Beltsville, Md.

22. Name end Address of Fecility

Gary L. Kaufman Funeral Home at Meadowridge

7250 Washington Blvd., Elkridge, Md.

23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximate

MULTIPLE THUNGS

Due to (or es e consequença of)

Due to (or es e consequence of):

Due to (or es e consequence of):

23b. Did tobecco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Wes en eutopsy performed?

24b. Were autopsy findings aveilable prior fo completion of cause of deeth?

Onset and Death

1 Yes 2 □ No

NE Yes 2 No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

26. Pleca of Deeth (Check only one)

DRIVER OFTRUCK, OVERTURASO

28f. Location (Street end Number or Rural Route Number, City or Town, Stete) . I 81 WASHINGTON CO MD Certifying Physician: To the best of my knowledge, death occurred et the time, dete end place, and due to the cause(s) end menner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner stated.

29d. Date signed (Month, Dev. Year)

JUNE 25, 1997

the same of the

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death Month ROMEO DINGLE 11:00 AM JULY 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death HOSPITAL CENTER HARbor BALTIMORE If Under 1 Year 5. Social Security Number If Under 24 Hrs. 7. Age (In yrs. last birthday) 6 Sax Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) Deys 180M/ 2□ F Months Hours 251-96-6201 Yrs. May 17, 1954 S.C. Usuai Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits N/A Baltimore 1 XYes 2 No 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 2509 S. Paca Street 21230 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 🕱 No 11 Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Married 200 Married 1 ☐ Yes 2 No Specify: Specify: Black 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12th Grade Truck Driver CSX Inter-Model 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Alvin Dingle SR. Hattie M. Marion 19a. Informant's Name/Reletionship (Type, Print) wife 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Virginia Dingle 2509 S. Paca Street Baltimore, Md. 21230 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Surlal 2 Cremation 3 Removal from State Cedar Hill Cemetery July 5 Baltimore, MD. 4 Donation 5-DOther (Specify) 22. Name end Address of Facility Nutter Funeral Homes, Inc. meral Service Licens 2501 Gwynns Falls PKWY Baltimore, Md. 21216 2501 Gwyrins Falls PRWY Ball Approximate Intervel Between Onset and Death Immediate Cause (Final disease or condition resulting in deeth) GLIOBLASTOMA 8 Months Due to (or es a consequence of) Due to (or as a consequence of) Due to (or es e consequenca of) Part fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown HYPERTENSION 24b. Were eutopsy findings evailable prior to 24a. Wes an autopsy completion of cause of deeth?

Physician /Medicai **Examiner**

ettending physician end for use es the buriel-transit

signed b

this funeral

After s efter des.

To the Hospital c within 24 hours er To the Funeral C completely filled

filled in by

Be

٥

Certification:

Medical

The law requires that the death certificete be executed

Box 68760.

P.O.

Records,

Division of Vital or Attanding Physician: **Physician**

/Medical

Examiner

10a. State

Md.

Director

Funeral

þ

Completed

Funeral

Director

tem 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, tra Madical Examinar transition notified at

Il Hygiene.

permit. Pages 1 end 2 should be filed wi Depertment of Health end Mental Hygiens Important: if Item 27 is merked other tha any Injury or other traumatic event, ITEM 2002.

the Maryland

with

death

filed within 72 hours efter

Baltimore, Maryland 21215-0020

Physician/Medical Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Last Completed by

21. Signatu

2 4 No 1 ☐ Yes 25. Was case referred to medical examiner? 26. Place of Death (Check only one)

Hospital: Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death . Date of Injury (Month, Day Year) 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Yes 2 No 2 Accident

6 Could not be determined 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homlcide

1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Dav. Year)

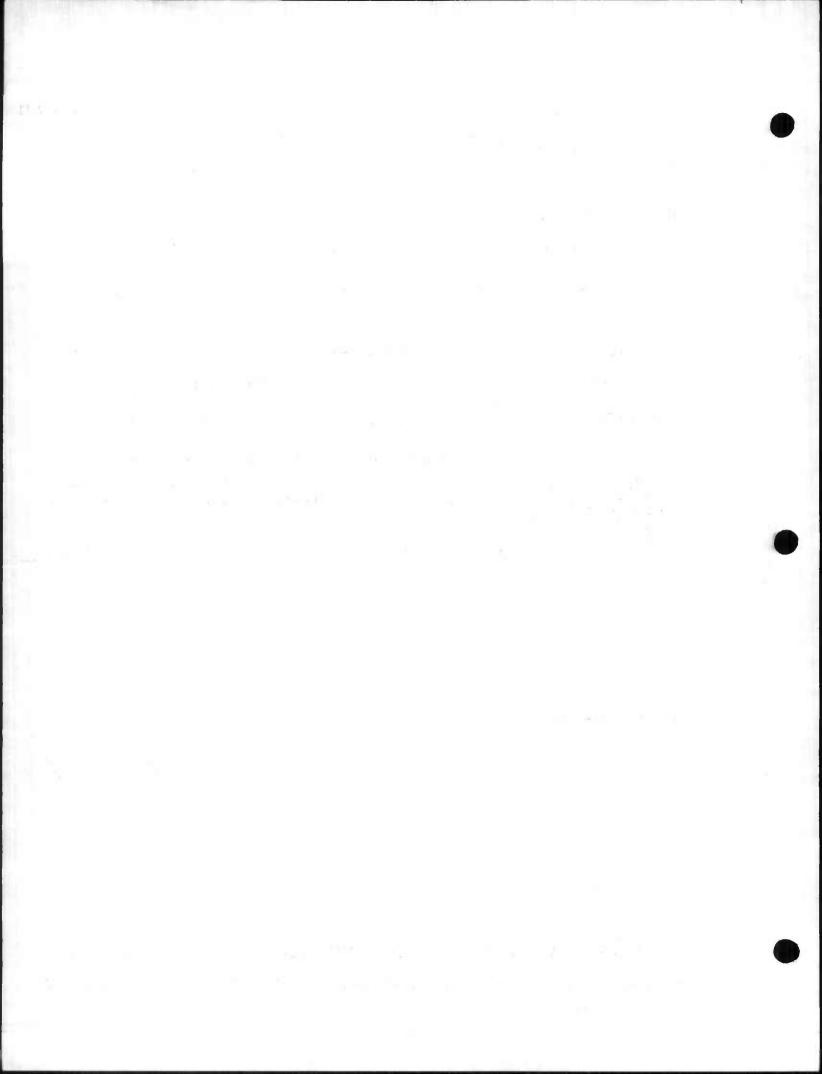
Dasano

1 Tyes 2 No

30. Neme and address of person who completed cause of deeth (Item 23a) (Type, Print)

ANTHONY PETER DASARO 3001 South HANOUER STREET BALTIMONE Ba Regionar's Signature

State Registrar

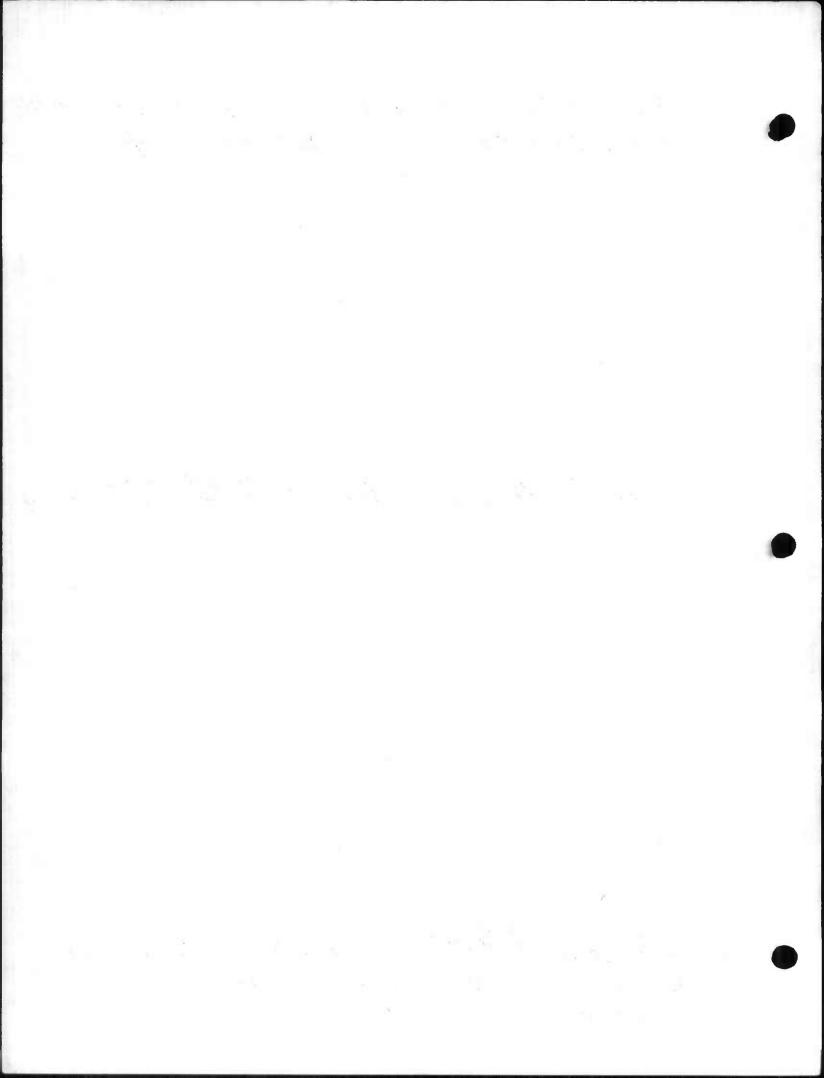


State of Maryland / Department of Health and Mental Hygiene Item:1 per MD G-751 9/10/97 dh ITEM#10abce&f PER F,H. FLM#G750 8/7/97 J. Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Death **Physician** DEWEY /Medical 4a. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** PLACE BACTIMORE If Undar 24 Hrs. 8. Date of Birth
Hours Min. Month, Dey If Undar 1 Yaar 5. Social Security Number 6. Sax 7. Age (In yrs. last birthdey) 9. Birthelace Blate or going **Funeral** 384 - 46 - 2898 Usuel Residence of Decedent Months Deys 1 MM 2□ F AN. 26, 1902 SPRINGS, W. VA Yrs. Director 10a. State MD. 10b. CountyN/A death with the Meryland 10c. City, Town or Location 10d. Insida City Limits 28a-f ehow tem 27 ie marked other than "naturel", or items 23a or 28a-f eho other traumatic event, the Medical Examinar must be notified al 1 Nes 2 No Director BALTIMORE UMBELLAND 10e. Street end Number **40TH STREET** 10f. Zip Code 10g. Citizen of What Country? 830 WEST 21211 S.A Funeral Was Decedant Evar in U,S. Armed Forces? 1 Yes 2 No If Yes, Give Year or Datas: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) Rece - Amarican Indian, Bleck, Whita, atc. 11. Meritel Stetus permit. Pages 1 and 2 should be filed within 72 hours after a Department of Heelih and Mantal Hygiana. Important: if item 27 is merked other than "natural", or item any injury or other traumatic avenue. 1 ☐ Nevar Married 2 ☐ Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No þ Specify: 3 Widowed 4 □ Divorced WHITE Completed 16a. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) PHYSICIAN-SURGEON 12 MEDICAL 5+ 17. Fathar's Nama (First, Middla, Last) 18. Mother's Neme (First, Middle, Meiden Sumems) Be OHN DODRILL HAMRICK 2 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) MIT 45a 19e. Informent's Neme/Relationship (Type, Print) 30/ CHRISTINE HALRISON TOWNSHIP 20b. Plece of Disposition (Neme of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata Burlal 2 Cremetion 3 Ramoval from State 4 □ Donetion 5 □ Othar (Specify) 21. Signature and Addrass of Facility 11724 Part . Enter the diameter or complications that caused the death. Do not enter the mode of dying, shock, or heart fellow. List only one cause on each line. 23a. Part such as cardiac **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) 30 Hu Examiner Examiner physician and the burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated evants resulting in deeth) Last Due to (or es a consequence of): Division of Vital Records, P.O. Box 68760, Physician/Medicai Dua to (or as a consequence of) esn Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 2 No 3 Probably 4 Unknown 1 ☐ Yes by should t 24b. Ware autopsy findinga available prior to completion of cause of deeth? 24a. Was en eutopsy performed? Completed 2 X No 1 ☐ Yes 2 ☐ No certificate Attending Physician: 25. Wes case referred to medical examiner? funeral director, Be 28. Place of Deeth (Check only one) Other: 4 Nursing Homa 5 ☐ Rasidence 8 ☐ Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 27. Menner of Deeth 28d. Describe how injury occurred Certification: 28b. Time of 28c. Injury et Work? After 1 Naturel 5 Pending death. 2 🗆 No 1 Yes invastigetion Nospital or Attendi 24 hours after death Funeral Director; A 2 Accident 6 Could not be 3 Suicide 28e. Place of injury - At homa, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide To the Hospital of within 24 hours a To the Funeral D 2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. 29e. Certifier (Check only one) Medicai completely 29b. Signeture and title of certifier 29c. License number 29d. Date algned (Month, Dey, Year) 30. Nama and address of person who completed cause of deeth (Item 23a) (Type, Print) N. CALVERT STREET POSTO BALTOMD 21218 3333 GREGORY Wayker Register's Signeture 31. Dete filed (Month, Dey, Year) State JUL 0 3 1997

DHMH 16 Rev 6/95

Registrar



97-3599-005 AM ROBERTA DAVIS

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

20082

4:20 P

10d. Inside City Limits 1 Nos 2 No

Birthpiaca (State or Foreign Country)
 NEW JERSEY

14. Race - American Indian, Black, Whita, atc. Specify: WHITE Kind of Businass/Industry

Location - City or Town, Stata

											neg. rec	,			
Physician /Medicai	1. Decedant's Na ROBERTA	ama <i>(First, Middla, i</i>	Last)	L		DAV	/IS			2. Data of D Month JUN	Da	y 9,19	Year 97	3. T	
Examiner	4a. Facility Nama	a (If not institution, g	give street end nu	m <i>ber)</i>				4b. City, To	wn, or Lo	ocation of Dea	ith 4c	. County	of Death		
	817 S	SEMINARY	AVE.					LUTHERVILLE			BALTIMORE		E		
Funeral Director	5. Social Sacurity 022-20- Usual Rasidence	-4519	.Sax 1□M 2□F						24 Hrs. Min.	8. Data of B (Month, D JAN. 2	irth bey, Year) 6,193	24	9. Birthp Cour NEV	piaca (S ntry) V JE	
death with the Maryland ms 23a or 28a-f show r must be notified at	10a. Stata MD	10b. County	LTIMORE	10c. City, Town or Location RE LUTHERVILLE									1	10d. ins	
h with the Mar 23e or 28e-f e													Og. Citizan of What Country? USA		
al', or its		s arried 2∑Marriad d 4 □ Divorced	Armed Fo	TYas 20 No					f Hispanic Origin? (Specify Yas or uban, Maxican, Puarto Ricen, atc.) lo Specify:			No- 14. Race - American Black, Whita, at Specify: WHITE		atc.	
natural' dical Ex	(Sp	15. Decedant's pecify only highest	Education areda completed)		16a. Decedant's Usuai Occupation (Give kind of work done during most of work					orking 16b. Kind of Busines		sinass/In	dustry		
ygiene. Ner than "natur It, It = Madical Completed		econdary (0-12)	Collega (1	1-4or 5+)	life.	HOMEMAKER					OWN HOM				
De vert	17. Fathar's Nam HARRY	na (First, Middle, La	st)	1	18. Mothar's Nama (First, Middle, Meiden Surner LAVINE FLORENCE GRE							_{e)} ENBAU	JM		
nd 2 sho alth and 27 ie m r traum		Neme/Ralationship A. DAVIS								el Route Num ERVILL				Code)	
Pages 1 a ent of Hea nt: If Item ry or othe		Disposition 2 ☐ Cramation 3 n 5 ☐ Othar (Special Control C			Place of Disp cemetery, cre		ther ple		7	Data /2/97		wson		own, Sta	

22. Natural Addition of BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208

23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immediata Causa (Final disaasa or condition resulting in deeth)

21. Signatura of Fymaral Sarvice Licensar

Multiple Injuries Dua to (or es a consequance of)

Dua to (or as a consequence of):

Dua to (or as a consequance of):

Sequantially list conditions, it any, laading to immedieta causa. Entar Underlying Causa (Disaasa or Injury that initiated avants rasulting in daath) Last

Part II. Other significant conditions contributing to death but not resulting in the underlying couse given in Part i.

23b. Did tobacco use contribute to the cause of death? 1 Yas 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Wara autopsy findings availabla prior to complation of ceusa of death?

12 Yas 2 No

26. Placa of Death (Check only one)

1 2 Yas 2 □ No

25. Was cesa referred to medicel axaminar? 1 Yas 2□ No 27. Menner of Death

1 Natural

2 X Accident

3 Suicida

29a. Cartifiar

4 Homicida

5 Panding Invastigation

6 Could not be datermined

28a. Deta of Injury (Month, Dey Year) 6-29-97

1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

28e. Place of Injury - At homa, farm, straat, factory, offica building, etc. (Specify)

28b. Tima of injury 1610

Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) MVA 28c. Injury at Work? 1 Yas 2 No

28d. Dascribe how injury occurred Accident Automobile

281. Location (Street end Number or Rurel Route Number, City or Town, State) 817 Seminary AVE Street

| Continued to the best of my knowledge, deeth occurred at the time, data and place, and due to the causa(s) and mannar as stated.
| Medical Examinar: On the basis of axamination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s)

29b. Signatura and titla of certifiar

29c. Licansa number

29d. Data signed (Month, Day, Year)

and menner stated.

OCME

JUNE 30, 1997

30. Nema and addrass of person who complated ceusa of death (item 23a) (Type, Print)

Radent2 111 Penn Street, Baltimore, Maryland 21201 Stephen 31. Date filed (Month, Dey, Year)

Registrar

JUL 0 3 1997

32. Registrar's Signature Julia Davidson-Randalle

DHMH 16 Rev 6/95

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certific

Physician /Medical

Examiner

Box 68760

Division of Vital Records, P.O.

Examine

Physician/Medical

by

Completed

Be

Certification:

Medical

tem	10g,19a,Per	FH	-29d	Per	PHY	Film	G749	7-9-97	rja
									-

BALTIMORE, MARYLAND 21215-0020 DIVISION OF WITAL RECORDS, P.O. BOX 68760

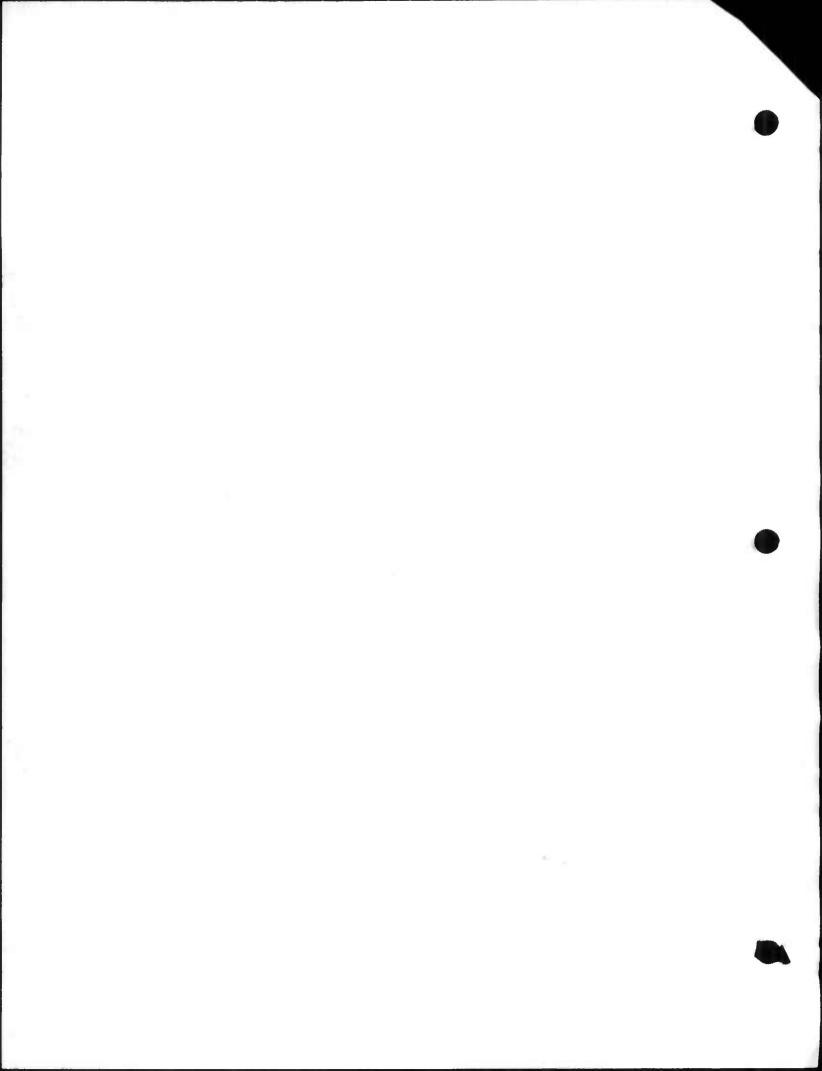
8

Dugan, Sophie

TO THE HOSPITAL OR ATTENDED THE LEGISLE OF THE LEGISLE OF THE LEGISLE OF THE LEGISLE OF THE HOSPITAL OR ATTENDED TO THE HOSPITAL OF THE HOSPITAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be defacted for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

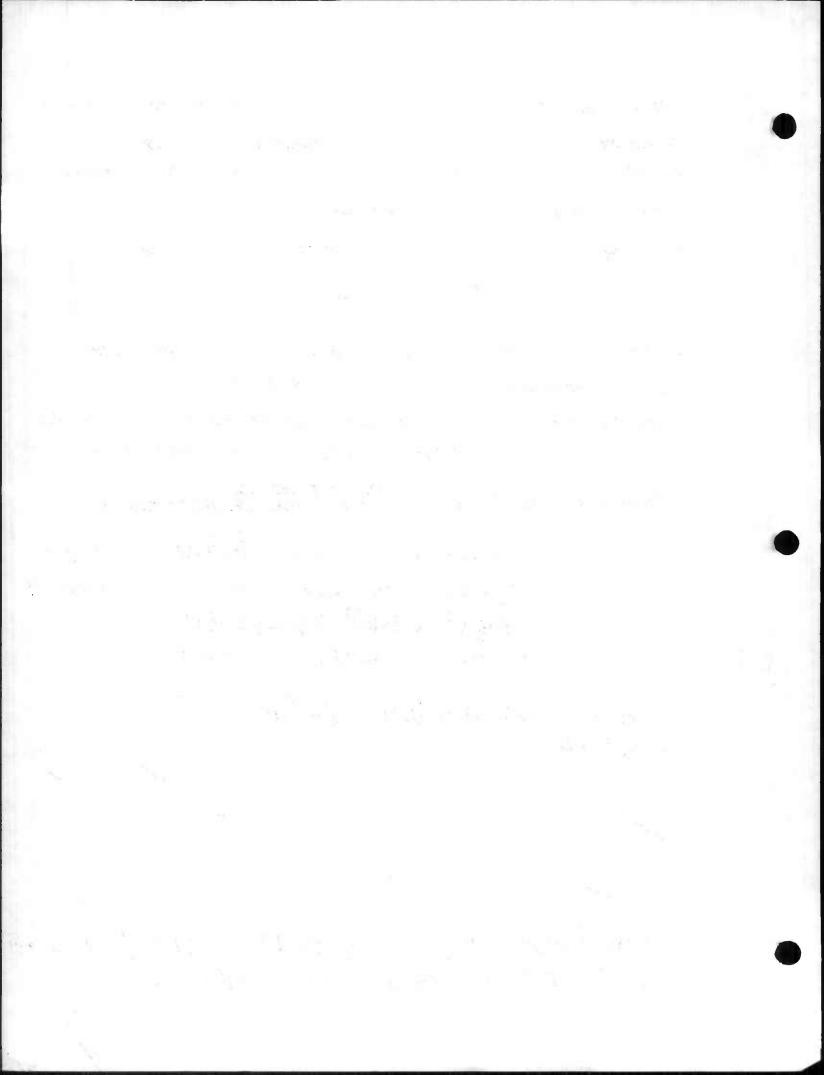
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be netitied at once.

	Circulative and control of the contr				ICAL	E OF	DE A	I H		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)						DEA		2. D/	TE OF DEATH			3. TIME OF DEATH
ţ	SOPHIE		DUGAN						MC	JUNE 2	7,19	947	7:30 AM _M
į.	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last		IF UNDER	DAYS	IF UNDER	24 HRS.	(M	TE OF BIRTH onth, Day, Year)		8. BIRTH Countr	IPLACE (State or Foreign
	206-14-4258	1 D M 2 TyF	7	7 3YRS.					3.0	3 - 04 - 19	923	PEN	NSYLVANIA
ar I	Sa. FACILITY NAME (If not institution, give :	treet and number)			9b. CITY	, TOWN O	R LOCATIO	ON OF D	EATH		9c. COU	INTY OF D	EATH
DIRECTOR	717 MAIDEN CH	OICE LA	NE			CATC	NSV	ILL	E			BALT	TIMORE
H I	10a. STATE 10b. COUNT	4	10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY	
	MD B.	ALTIMOR	CATONSVI					ILI	ΣE		LIMITS?		
¥	10e. STREET AND NUMBER				10f. ZIP CODE								YHAT COUNTRY?
FUNERAL	519 ST. CHARL	ES BLDG					2	122	8		-0	·A·	U.S.A.
2	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDEN	T EVER IN U.S. ARI	MED	13.	WAS DECI	ENDENT C	F HISPAI	NIC ORI	GIN? (Specify Yes	or No-	14. RACE	— American Indian, I, White, etc.
À	3 TeWidowed 4 Divorced		MAR OR DATES X			1 YES	2 NO	Specif					WHITE
	15. DECEDENT'S EDU	CATION	16a, DE6	CEDENT'S	USUAL O	CCLIPATIO)NI			16b. KIND OF BUS	INEGO (INI	DURTEN	MUTIE
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 6	(Gh	ve kind of a Do NOT us	vork done	during mos	st of workin	g	- 1	IOU. KIND OF BUS	PINESS/INI	DUSTRY	
로	1 2	Ourage (1-4 or 0	•	CUT	TVE	SEC	ਧਾਕਕਾ	ΔPV	MD ACADEMY			OF	SCIENCES
ğ	17. FATHER'S NAME (First, Middle, Last)		11.71		311				st, Middle, Maiden		DOILLIGHT		
H H	MICHAEL	PETROSK	I					AN	OT	VIA V	MOLC	ZAK	
2	19e. INFORMANT'S NAME (Type/Print)									umber, City or Town			
_	JAMES A. DUGA	N (SON)		103	MON	rros	SE A	VE	CAT	CONSVII	LLE,	MD	21228
	20a. METHOD OF DISPOSITION 1	oval from State	20b. PLACEA cemetery, crem	matory or o	ther place)	ITION (Na	me of		1			City or To	
-	4 U Donation 5 Tabeller (Specific CRESTLAWN 7/1/9/7 MARYLAND 21. SIGNATURE OF FORERAL SERVICE LICENSEE)		
			0		22.	NAME AN	D ADDRES	S OF FA	CILITY V	VITZKE	FUN	ERAI	L HOME
	· Robert Sug				1	630	EDM	OND	102	N AVE 1	BALT	0.,	MD 21228
	23. PART I. Enter the diseases, or shock, or heart fellure.	desilications the	t caused the dea	nth. Do r	ot enter	the mod	de of dyl	ng, auc	ch as c	erdiac or respi	ratory sn	rest,	Approximate Interval Between
	IMMEDIATE CALISE (Final										Onset and Death		
	disease or condition as Metastatic Preat Cincles Due to (or as a consequence of):												
												1-1	
7 11	Sequentially list conditions,	v	Brain Metastasis DUE TO (OR AS A CONSEQUENCE OF):										1 mm/ 7
<u>ō</u>	if any, leading to immediate			east Comes									
ATIO	csuse. Enter UNDERLYING	Bren	+ Conce	1									5mm
IFICATION	CAUSE (Disesse or Injury that initiated events	c. Busi	Conce (OR AS A CONSEO		า:						-		1 mmth
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** GARNETT 29, W. DAVIS JUNE 1997 8:15 P.M. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 18 HAHN ROAD WESTMINSTER If Under 1 Year If Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Dey, Year) Jan. 11, 1910 Birthplece (State or Foreign Country) 5. Social Security Number 6 Sex 7. Age (In yrs. lest birthday) **Funeral ₩** M 2□ F Months Deys 217-09-8945 Yrs Director 87 Maryland Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits tem 27 is marked other than "natural", or items 23s or 28s-f show other traumstic event, the Medical Examinar must be notified at Westminster Carroll Maryland Director 1 Yes 2 No 10e. Street end Number 10f. Zlp Code 10g. Citizen of Whet Country? USA 21157 18 Hahn Rd. Funeral 11. Maritel Stetus 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American indian, Bleck, White, etc. 1 ☐ Yes XX No If Yes, Give Year or Dates: 1 □ Never Merried 2 □ Married "natural", or Baltimore, Maryland 21215-0020 1 ☐ Yes XX No Specify: þ Specify: XX Widowed 4 Divorced WHITE Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) 6 years College (1-4or 5+) Hygiene. Black & Decker N/A Electric Welder 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) permit. Pages 1 and 2 should be f Department of Haalth and Mental I Important: If Item 27 is marked of any injury or other traumatic eve Noralee Burke George Washington Davis 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 8810 Walther Blvd. Apt. 2101 Baltimore, Md. 21234 Charles E. Davis 20b. Place of Disposition (Name of cemetery, cremetery or other place)
Dulaney Valley M. G. 20e. Method of Disposition 20c. Location - City or Town, Stete X K Burial 2 Cremetion 3 Removel from Stete 7-2-1997 Baltimore, Md. 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licansee 22. Name end Address of Fecility LASSAHN FUNERAL HOME, INC. 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter shock, or heart feiture. List only one cause on each line. 7401 BELAIR ROAD BALTIMORE, MARYLAND 21236-4625 Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel diseese or condition resulting in deeth) **Examiner** es e consequence of): bunal-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in deeth) Lest and Physician/Medicai Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert II. P.O. 23b. Did tobacco use contribute to the cause of death? the 6 1 Tes 2 No 3 Probably 4 Unknown signed t Records, Be Completed by 24e. Wes en eutopsy performed? 24b. Were eutopsy findings eveilable prior to completion of cause of deeth? page 2 1 ☐ Yes 2 ☑ No certificata 1 Yes 2 DINO Division of Vital Hospital or Attending Physician: 24 hours after death.
Puneral Director: After this certifical ethy filled in by the funeral director. 25. Was case referred to medical exeminer? 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Mesidence 6 Other (Specify) 2/2 No Certification: To 1 ☐ Yes 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Yeer) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending investigation 1 Waturel 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 4 Homleide To the Hospital o within 24 hours aft To the Funeral Di completely filled in Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner as stated. 29a. Certifier edical 2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated. 29b. Signature end title of certifier 29c. License numbe 29d. Date signed (Month, Dey, Year) J 30. Neme end eddress of person d ceuse of deeth (Item 23e) (Type, Print) IRE, ALLe 31. Dete filed (Month, Day, Yeer) State Registrar JUL 0 3 1997



State of Maryland / Department of Health and Mental Hygiene

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7	awinin 72 nous after beath with the maryend then "natural", or items 23a or 28a-f show the Medical Examine must be notified at	Funeral	11. Maritel Status	12. Was Decedent Armed Forces	?	5. 13. W	las Decedent Yes, specify	of Hispenic Origin? Cuben, Mexican, Po	(Specify Yes or Nuerto Rican, etc.)	lo- 14. Re- Ble	ca - Americ ck, White,			
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	or death. sctor: After by the fune	cat	2 ☐ Accident investiget 3 ☐ Suicide 6 ☐ Could not				М	1 ☐ Yas 2 ☐ No						
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	U		W. A. Riley, M.	/	Marie Constitute	1		imore, Md	. 21204					
	Sta	te	31. Dete filed (Month, Day 1997)	Calibrata	THE CONTRACTOR	Mandalla								
	Registr	ar	JUL 0 2 1334	0			5-6							

Registrar **DHMH 16 Rev 6/9**5



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadant's Name (First, Middla, Last) 2. Data of Death 3. Time of Death Month **Physician** Ruth Engle 2:25 /Medical 4e. Fecility Nama (If not institution, giva street and number) 4b. Cify, Town, or Location of Death 4c. County of Death Examiner Towson Baltimort Dr. Ellendala 5. Social Security Number 9. Birthplace (State or Foreign Country) 7. Age (In yrs. last birthday) **Funeral** 1 M 2 F 99 212 18 5553 Yrs. Director Usual Rasidance of Dacedant the Maryland 10e State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Medical Examiner man be notified at 10d. Insida City Limits 1 ☐ Yas 2 No Director Baltimore Towson 10e. Street and Numbar 10f. Zip Coda 10g. Citizan of What Country? 21286 USA endAlA \mathbb{D}_{r} should be filed within 72 hours after death of Mental Hygiene. marked other than "natural", or items 23 Funeral 12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yes, Giva Yaar or Datas: 13. Was Decedant of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Race - Amaricen Indian, Black, White, etc. 11. Marital Status 1 □ Nevar Married 2 □ Married Baltimore, Maryland 21215-0020 1 Yas 22 No Specify: þ 3 Widowad 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Decedant's Education (Specify only highast grada complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) Homemaker Home 17. Fether's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumeme) Pages 1 and 2 should be flik ment of Health and Mental Hy ant: If Item 27 is marked oth Elizabeth MAURICE M. Bennett 19a. Informant's Nama/Ralationship (Typa, Print) 19b. Malling Addrass (Straat and Numbar or Rural Routa Number, City or Town, Stata, Zip Coda) Box 20236 or other tra MAYIAM Mary land 21284 hoetze OWSON 20e. Mathod of Disposition 20b. Place of Disposition (Nama of cematary, cramatory or other place) Data 20c. Location - City or Town, Stata 1 Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata permit. Page Department or Important: If any Injury or once. June Moreland Memorial 4 ☐ Donation 5 ☐ Other (Spacify) 21. Signetura of Funaral Service Licensaa 22. Nama and Addrass of Facility Evans Chapel of 21093 Timonium, Md. York Rd 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximata Intarvai Batween Onsat and Death **Physician** /Medical Immediata Cause (Final Cardiovascular diseesa or condition rasulting in daath) Examiner Physician/Medical Examiner typertension Sequantially list conditions, if any, leading to immadiata ceusa. Entar Undarlying Causa (Diseesa or Injury that initiated avents rasulting in daath) Lest Due to (or es a consaquance of): emphigoid P.O. Box Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown signed b Records, ģ cate has been signated by page 2 should b 24b. Were autopsy findings available prior to complation of ceuse of death? Completed 24a. Was an autopsy performed? 1 Yas 2 No 1 Yas 2 No certificate Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, to Be 25. Was casa rafarred to medical 28. Placa of Death (Check only ona) axaminar? Othar: 4 ☐ Nursing Homa 5 ☐ Residence 6 ☐ Othar (Specify) Medical Certification: To 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manne of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28d. Dascribe how Injury occurred 28c. Injury at Work? 5 Pending invastigation 1 Natural 1 ☐ Yas 2 ☐ No 2 Accident 281. Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 Suicida 6 Could not be determined 28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify) 4 Homicida 12 Certifying Physician: To the best of my knowledge, deeth occurred at the time, deta and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signatura and of certifiar 29c. Licanse numbar 29d. Data signad (Month, Day, Year) JUNE 30, 97 D18656 30. Nema and address of person who completed cause of death (Item 23a) (Type, Print) Biltrick M.D. Michard Parkville, Md 8100 HArford Rd.

DHMH 16 Rev 6/95

State

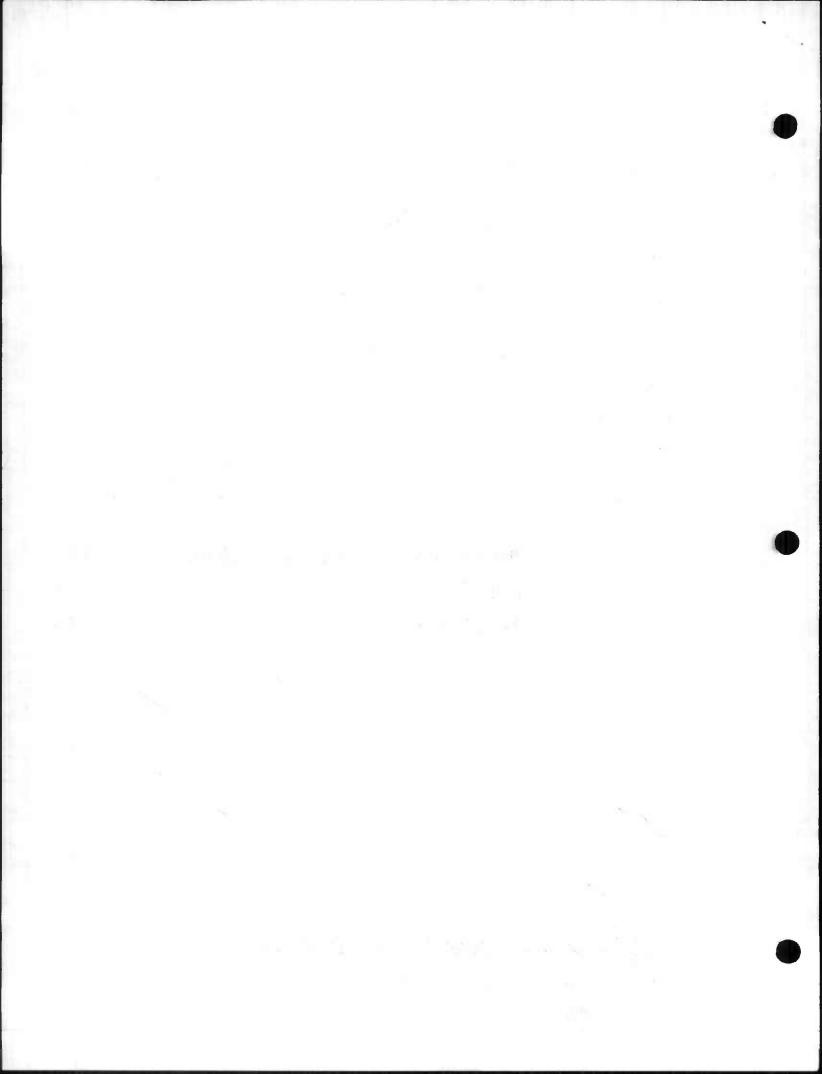
Registrar

31. Deta filad (Month, Day, Yaar)

JUL 0 3 1997

2. Registrar's Signatura

who Davidson



97-3307-033 B.K.S JOHN FRANCIS

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

	Data of Deeth
Certificate of Death	Reg. No.
State of Maryland / Department of Health and Me	ental Hygiene

Physician	
/Medical	ŀ
Examiner	

Funeral

Director

tem 27 is marked other than "natural", or items 23s or 28s-f shot other traumstic event, the Medical Examiner must be notified at peimit. Pages 1 and 2 should be filed within 72 hours after. Department of Health and Mental Hygiens. Important: If Isen 27 is marked other than "natural", or the any injury or other traumatic event. the Medical Events.

altimore, Maryland 21215-0020

Physician /Medical **Examiner**

Physician/Medicai Examiner is certificate has been signed by the attending physician and director, page 2 should be detached for use as the burial-transit To the Hospital or Attending Physician: The law requires that the within 24 hours after death.

To the Funeral Director: After this certificate has been signed by I completely filled in by the funeral director, page 2 should be detact Division of Vital Records, P. Medicai Certification: To Be Completed by

> 5 State Registrar

						Cer	tifica	te of	Deat	h		Reg. No.	9	1 2	20087	
an al	1. Decedant's Nama (First, Middle, Last) John Francis									2. Data of Domestin	Day	Day Yaar 16, 199		3. Tima of Death		
er	4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. C										County of Death PRINCE GEORGES					
	5. Social Security No. 140-10-	6. Sax 12∑M 2□ F	9 1			Months Days Hours N							9. Birthplaca (Stata or Foraign Country) Pennsylvania			
	Usual Rasidance of	Dacedant												7		
tor	Maryland		10c. City, Town or Location Landover								1	10d. Inside City Limits 1 X Yes 2 □ No				
9	10e. Street end Num	nhar					10f 7i	p Code				10a C#	700.06	Mhat Caus	to O	-
rai Di	2340 Ve		20785					10g. Citizen of What Cou				itry?				
y Fune	11. Marital Status 1 Never Marriad 2 Married 1 Never Marriad 2 Married 3 Widowed 4 Divorced 12. Was Dacedent Ever in Armed Forcas? 7 I Mars 2 No It Yas, Give to Yaer or Datas:					If Yas, specify Cuben, Maxican, Puerto								ock, White,		
Q	3 Widowed	Datas: 1/	/46													
pletec	15. Decadant's Education (Specify only highest greda complated) Elamentery/Secondary (0-12) College (1-4or 5+)					16a. Decedant's Usual Occupation (Giva kind of work dona during most of work lifa. DO NOT usa ratired)									s/industry	
To Be Completed by Funeral Director	12th					Supervisor						Private				
	17. Fether's Nama (First, Middla, Last) William Francis										na (First, Middla, Maiden Sumama) Spriggs					
	19a. Informant's Name/Ralationship (Type, Print) Audrey Johnson/Daughter 19b. Mailing Address (Streat and Number or Rurel Route Number, City or Town, State, Zip Code) 1763 Countrywood Court, Cheverly, Maryland 20785															
	20a. Method of Disposition 1 Depth Burlet 2 4 Donation	b. Place o camata	Place of Disposition (Nema of lamatary, cramatory or other pleca)						07/02 20c. Location - City or Town, State 997 Beltsville, Mary				4			
	21. Signatura of Fur					_			ass of Fac		2337					_
	▶ Nano	A A	. Per con	tie		J.	B.	JEN	KINS	FUNE	RAL HOM	E ver.	Mai	rvlan.	d 20785	
on: To Be Completed by Physician/Medical Examiner	23a. Part1. Enter the disease, or complications thet caused the death. Do not anter the mode of dying, such as cardiac of shock, or heart failure. List only one cause on each line.								or raspiratory arrest,				Approximate Interval Batween Onset and Death			
	Immediate Causa (F diseasa or condition rasulting in death)	lew 7	who Carlidvascular &						el							
			or es e consequanca of):													
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	Causa (Disaase or injury												1			
	that initiated events rasulting in death) Last Dua to (or as a consequence of):															
			d													
hysi	Part II. Other algnificant conditions contributing to death but not rasulting in the underlying cause given in Part I.									23b. Did tobacco use contribute to the cause of death 1 ☐ Yes 2 ☑ No 3 ☐ Probably 4 ☐ Unknow						
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pieted						_						an eutopormad?	sy	cor	ra autopsy finding allable prior to aplation of cause death?	S
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Ş	1 Neturel	5 Pendin	g (Mor	th, Day Yeer		Injury	М		rk? Yas 2F	T No.	-12					

1 Certifying Physician: To the bast of my knowledga, daath occurred at tha tima, data and placa, and dua to the causa(s) and menner es statad.

**Chief Physician: To the bast of my knowledga, daath occurred at tha time, data and place, and dua to the causa(s) and menner es statad.

**Chief Physician: To the bast of my knowledga, daath occurred at tha time, data and place, and dua to the causa(s) and manner stated.

29b. Signatura and title of certifian

3 ☐ Suicida

29a. Cartiflar

4 Homicida

6 Could not be datamined

29c. Licensa numbar

29d. Deta signed (Month, Day, Year)

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata)

O.C.M.E

28a. Plece of Injury - At homa, farm, street, factory, offica building, atc. (Specify)

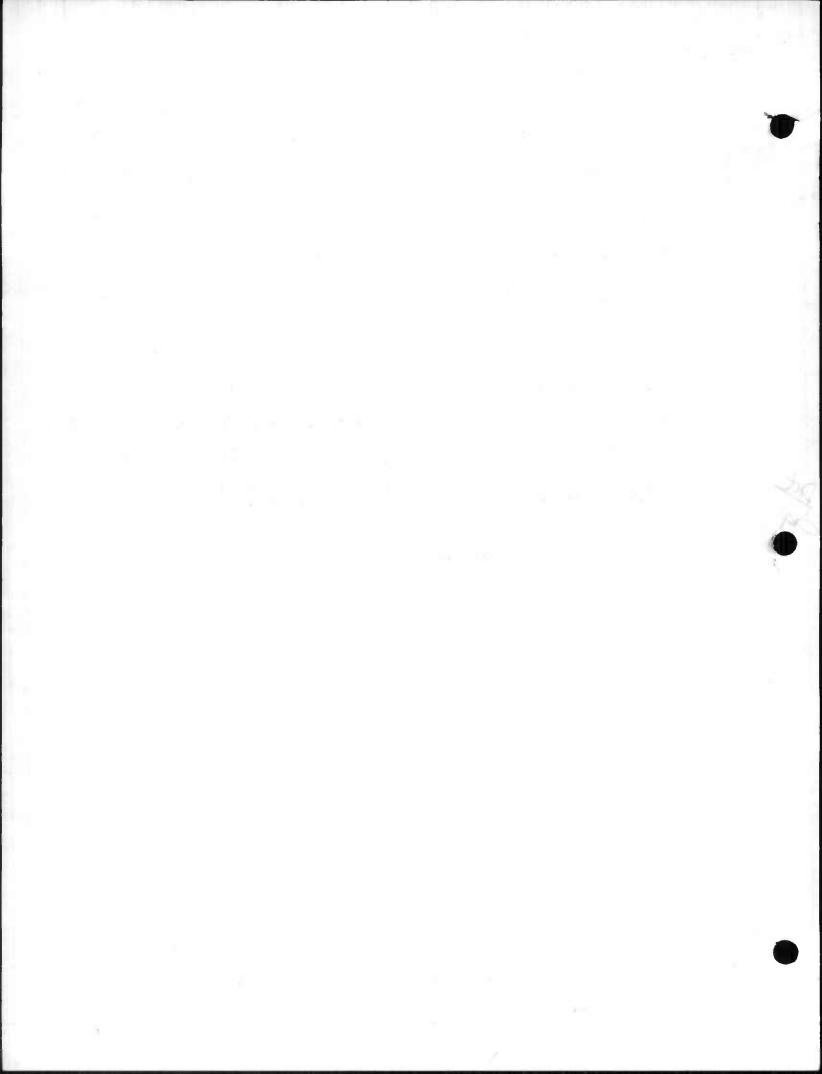
JUNE 17, 1997

30. Nema and address of pirson who complated cause of death (Itam 23a) (Type, Print)

111 Penn Street,

Maryland 21201 BALTIMORE

Registrar's Signatura



WRC 97-3521-510 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. RITA State of Maryland / Department of Health and Mental Hygiene FISHER Items: 23a part I, II, 27, 28a-f per MEO G-749 7/18 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth **Physician** JUNE Rita 2:41 PM /Medical 4e. Facility Neme (If not institution, give street end number) 4b. City. Town, or Location of Death 4c. County of Deeth Examiner BALTIMORE
If Under 24 Hrs. 8. Dete of Birth
Hours Min. May 23, N/A JOHNS HOPKINS HOSPITAL If Under 1 Year 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign **Funeral** Deys 1988 1 ☐ M 2 💢 F 213-23-2776 9 Yrs. Maryland Director Usuel Residence of Decedent filed within 72 hours after death with the Maryland 10e. Stafe 10b. County 10c. City, Town or Location 10d. Inside City Limits "netural", or items 23s or 28s-f show sufcei Examiner must be notified at Director 1 ☐ Yes 2√2 No Maryland Baltimore Pikesville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 4106 Old Milford Mill Road 21208 USA Completed by Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Never Married 2 Married 21215-0020 1 ☐ Yes XX No Specify: White Specify: 3 Widowed 4 Divorced the Medical 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Hygiena. Elementary/Secondery (0-12) College (1-4or 5+) Student i. Pages 1 and 2 should be filed w tmant of Health and Mental Hygier tant: If item 27 is marked other ti ujury or other traumatic event, III School altimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Be Howard D. Utley ANDREWS Mary P 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 21208 19e. informant's Name/Reletionship (Type, Print) 4106 Old Milford Mill Road, Pikesville, Maryland Mary Fisher Utley (Mother) 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 D Buriel Cremetion 3 Removel from Stete Department of Important: If any Injury or Hilltop Dervice Corp 6/30/97 Towson, Maryland 5 Other (Specify) 21. Signature Juneral Service Licans 22. Name end Address of Fecility Burgee-Henss Funeral Home 3631 Falls Road, Baltimore, Maryland 23a. Pert1. Envir he disease, or complications that caused the deeth. Do not enter the mode of dylng, such as cerdiac or respiratory arrest, shock, or beart feiture. List only one ceuse on each line. Approximete Interval Betw Onset end Deeth Physician /Medical Immediate Ceuse (Final diseese or condition resulting in death) DEHYDRATION AND MALNUTRITION Examiner Due to (or as a consequence of): Physician/Medical Examiner Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest Due to (or es e consequence of): Due to (or es e consequence of): Box The law requires that the death P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 3 Probably 4 Unknown 1 Yes 2 No MULTIPLE BLUNT FORCE INJURIES Records, þ 90 24b. Were autopsy findings evailable prior to completion of cause of deeth? page 2 should Completed 24e. Wes en eutopsy performed? 1 Yes certificate 1 X Yes 2 No of Vital Attanding Physician: director, Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 XER/Outpetient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No After this tha funeral 28d. Describe how Injury occurred subject deprived of food and water and Certification: 27. Manner of Death 28e. Dete of Injury (Month, Dey 28b. Time of 28c. Injury et Work? Division Year) 5 Pending Investigation 1 Neturel Injury s after death. 1 ☐ Yes 2XXNo 2 Accident unknown unknown physically abused 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street and Number or Rural Route Number. City or Town, Stete) 4106 Old Milford Mill 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) in by 4 K M-lomicide 6 Hospital Rd., 24 hours Baltimore, Md. 1 Certifying Phyaician: To the best of my knowledge, deeth occurred ef the time, date end plece, end due to the ceuse(s) end menner es stated.

2 Medical Exeminer: On the best of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) and menner stated. 29e. Certifier Medical (Check only

To the within 2

29b. Signa

State Registra

and title of certifier

111 Penn Street, Baltimore, Maryland 21201

of deeth (Item 23a) (Type, Print)

29c. License number

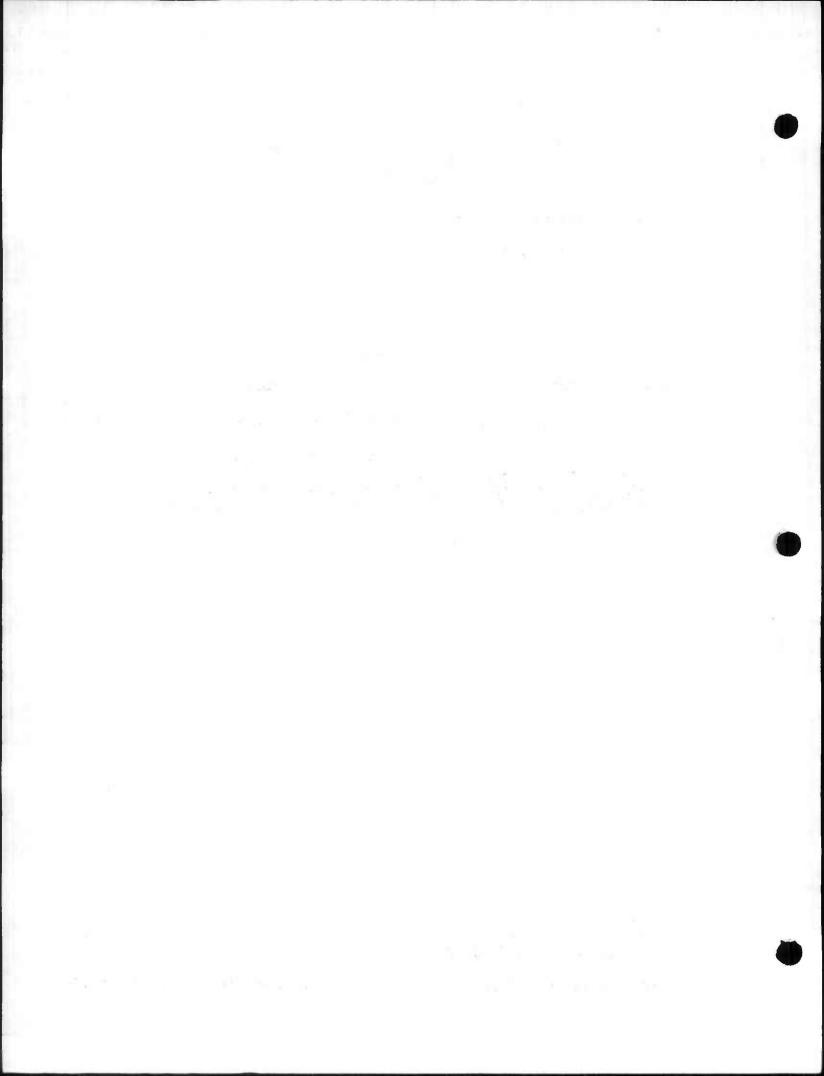
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29d. Date signed (Month, Dey, Year)

26, 1997

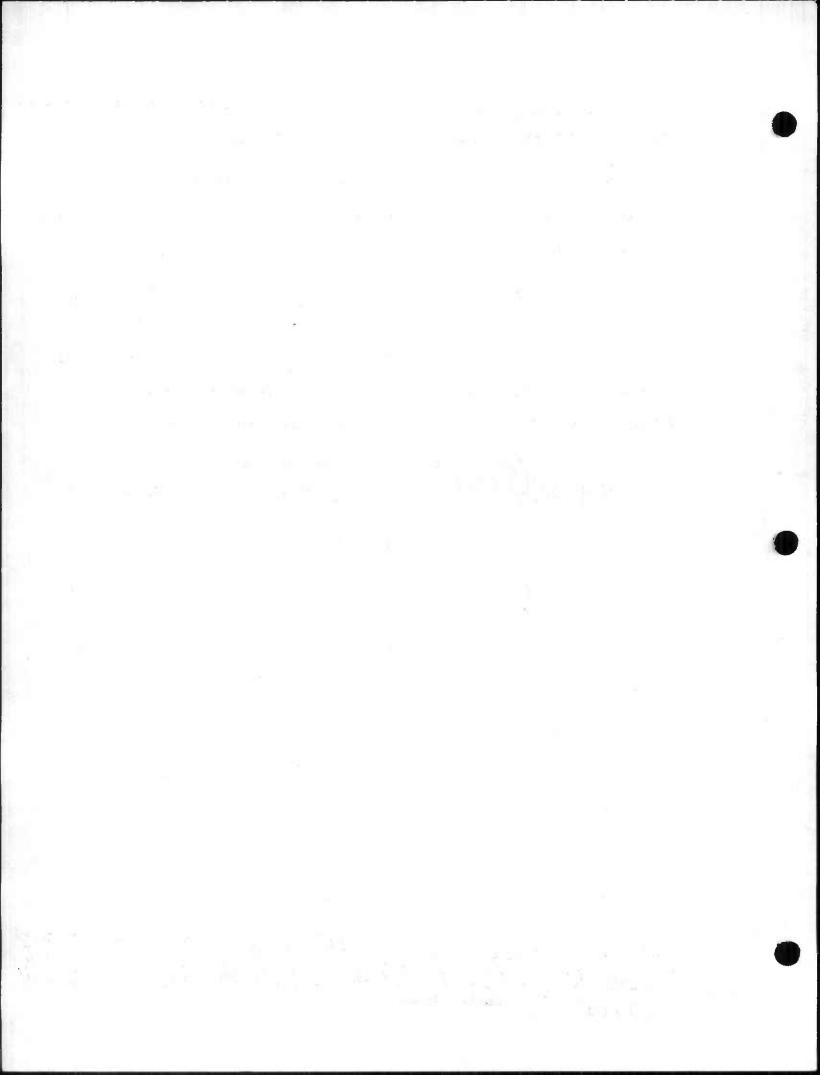
JUNE

DHMH 16 Rev 6/95



IN PU		ITEM: 1,17 per DR,&F 1. Decedant's Nema (First, Middle,			00/1	tificate of	Douti	2. Data of De			3. Tima of Death		
Physician /Medical		Thomas Beaur	eguarde. Ir	de Ir GROOMS					E 24	1997	10:55am		
Examiner		a. Facility Nama (If not institution, give street end number) GREATER BALTIMORE MEDICAL CENTER 4b. City, Town, or Li							th 4c. Coun	County of Death BALTIMORE			
Funeral Director	1	5. Social Security Number	5. Sex 7. Ag				r If Un r 2 Hrs. Hours Min.	8. Data of Birth (Month, Dey, Year) Dec. 27, 1923		Birthplace (State or Foreign Country) MARYLAND			
	-	Usuel Rasidance of Decedant						DEC. Z	1,1743	MAKI	LAND		
or 284-1 show be notified at Director		10a. Stata 10b. County	10c. City, Tow						10	d. Inside City Limits 1 ☐ Yes 2√☐ No			
Director		MARYLAND BALT	LMUKE										
		10e. Street and Number 1704 Charmuth I	Rd.			10f. Zip Code 210	093	10g. Citizan of What Countr USA			ry?		
Funeral	-	11. Marital Status	12. Was Decedant	t☑Yas 2 No			Hispanic Origin? (Sp ban, Maxican, Puarto	ecify Yes or No-		4. Race - Amarican Indian,			
by	١.	1 Nevar Married 2 Marria	1 1 Yas 2 1 if Yes, Giva 1 Yaar or Dates				Yas 2 No Specify:			Specify:			
Completed		15. Decedent's (Specify only highest	16a	. Dacede	ent's Usual Occu	apation	most of working		16b. Kind of Business/Industry				
ompi	-	Elemantary/Secondery (0-12)	College (1-4or 5			(Give kind of work done during most of work life. DO NOT use retired)							
ပိ		12 17. Father's Nama (First, Middle, Li	n/a		Fuel	Mechan	18. Mothar's Nam	a (First Middle		Lehem	Steel		
To Be C		Thomas Beaure	. GROOMS					Mason Mundy					
To		19a. Informant's Name/Ralationshi			9b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code)								
£ 12		Sandra Lee Groo	ms/ Daughte	er 4	4602	Walther	r Ave., Ba	lto., N	D 21214	4			
ry or oth	100	20a. Method of Disposition 1 Burial 2 Cramation 3 Ramoval from State 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 27 June											
any inju		Dulaney Valley Mem.Gardens1997 Timonium, MD 21. Signature of Dulaney Valley Mem.Gardens1997 Timonium, MD 22. Nama and Address of Facility Lemmon Funeral Home of Dulaney Valley, Inc. 10 W. Padonia Rd., Timonium, MD 21093											
sician edical	١,	23a. Partt. Enter the disease, or constitute. List or list or list or list or list or list and list account the list of list as a constitute.				tha moda of dy	ing, such as cardiac	or raspiratory a	irrast,		Approximata ntarval Batween Onset and Death		
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rector, page 2								10	Yas 2 No	10	Yas 2□ No		
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To To	-	1 Yas 2 40	1	14⊿ Inpatiant 2 □ ER/Outpatient 3 □ DOA □ 4 □ Nursing Home 5 □ Rasidanca 8 □ Othar (Specify)									
ed in by the funeral director, page Certification: To Be Com	-	7. Manney of Death 1 ☑ Natural 5 ☐ Panding 2 ☐ Accidant invastigat	ion	28a. Data of Injury (Month, Dey Year) 28b. Tima of Injury M 28c. Injury at Work? 1 Yas 2 No						cribe how injury occurred			
To the Funeral Director: After completely filled in by the funer Medical Certification.		3 ☐ Suicida 6 ☐ Could not detarmine	28a. Place of Injubuilding, etc	28a. Place of Injury - At homa, farm, stree building, etc. (Specify)				28f. Location (Street end Number or Rural Ros City or Town, Stete)			Route Number,		
completely filled in by	2	9a. Certifier 1 Certifying I (Check only one) 2 Medical Ex	Physician: To the best of aminer: On the basis of and mennar sta	axaminetion and	, daeth o d/or inva	ccurred et the ti stigation, in my o	ma, date and plece, opinion, daath occurr	and due to the red at tha time,	ceuse(s) and m data and piaca,	enner as stell and dua to the	led. ha cause(s)		
W N	2	9b. Signatura and title of certifiar	0/			29c. Licans	sa number		29d. Date signe	ed (Manth, De	w. Year)		

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Dete of Deeth Month Eunice 1:11 AM Gerstmyer June 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Baltimore Nursing Center Keswick If Under 1 Year If Under 24 Hrs. 8. Dete of Birth Min. (Month, Dey, Year) 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplace (Stete or Foreign Country) 85 Yrs. 1 M 2 F 01 1803 Usuel Residence of Decadent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore 1 ☐ Yes 2 ☐ No Parkville Mary land 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21234 Drive USA OAK Forest 12. Was Decadent Ever in U,S. Armed Forces? 1 Yes 2 No 13. Wes Decadent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 11 Meritel Status 1 Never Married 2 Merried 1 Yes 2 No Specify: Specify: White 3 Widowed 4 □ Divorced 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Home Housewife 10 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Bertha Sprinkle S. EdWArd Glick 19a. Informent's Name/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Gerstmyer Myrtle Beach, South Carolina H. Timothy 2830 S. Key Largo Circle 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition June 30 20c. Location - City or Town, Stete ■Burial 2 Cremetion 3 Removel from State St. Johns Lutheran Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 1997 22. Name and Address of Fecility EVANS Chapel of 21. Signeture of Funerel Servica Licensee Memories n km Baltimore, Md 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dylng, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Immediete Ceuse (Finel diseese or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting In deeth) Lest Due to (or es e consequence of) Due to (or es e consequence of): Pert II. Other eignificent conditione contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? osetmatic /ronchitis 24a. Wes en eutopsy performed? 1 ☐ Yes 2 X No 1 Tyes 2 No 25. Wes case referred to medical exeminer?

Physician /Medicai Examiner

Physician

/Medical

Examiner

Director

Be Completed by

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Deportment of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, ma Mexical Examiner mant be notified at enter.

Baltimore, Maryland 21215-0020

The law requires that the death Records,

Division of Vital

ate hes been signed l page 2 should be det this

þ Completed Be Certification: To After ! the f

Physician/Medical Examiner

in by t Medical

or Attending Physician: To the Hospital or Attendir within 24 hours efter death. To the Funeral Director: Al completely

State Registrar

30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) DAVID C Roberts

29b. Signeture end title of could

1 Yes 2 No

27. Menner of Death

1 Naturel

2 Accident

3 ☐ Suicide

29a. Certifier

4 | Homicide

(Check only one)

ws

5 Pending investigation

6 Could not be determined

10755 M.D. 2. Registrar's Signeture

Date of Injury (Month, Dev Year)

28b. Time of

26. Plece of Deeth (Check only one)

Other: 4 Nursing Home 5 Residence 6 Other (Specify)

Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28c. Injury et Work? 28d. Describe how injury occurred

1 ☐ Yes 2 ☐ No 28e. Placa of Injury - At home, farm, street, fectory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29c. License number

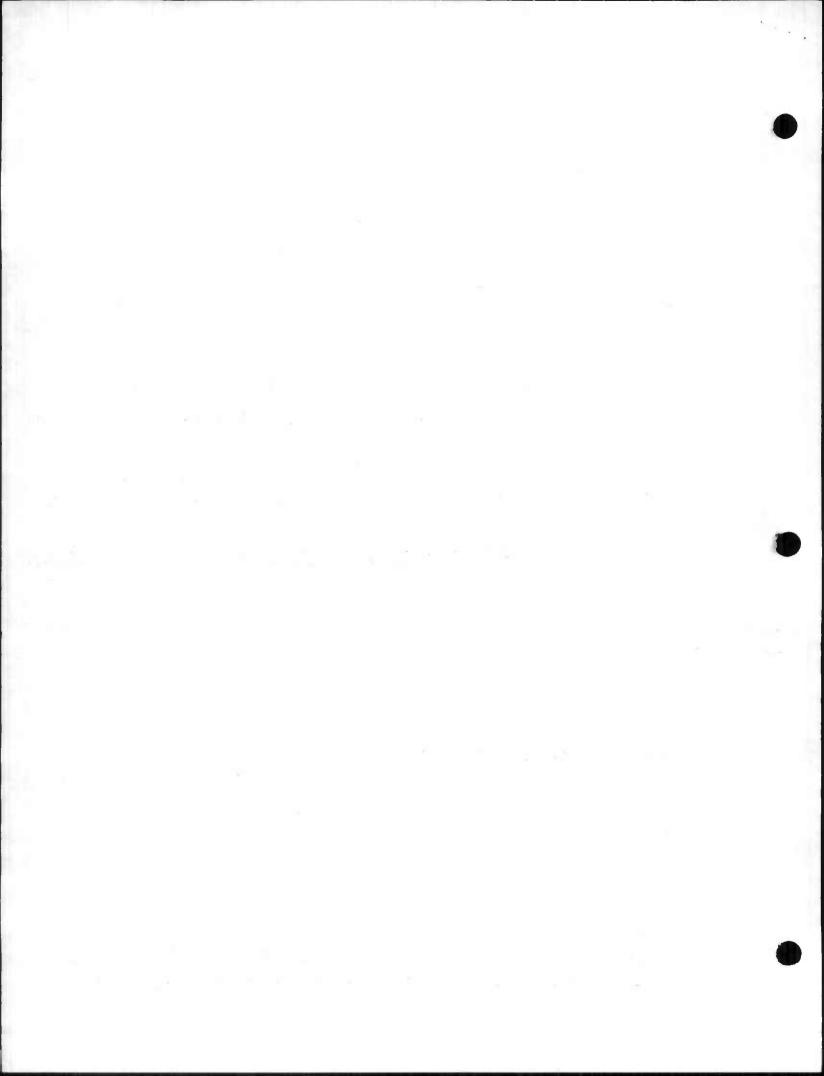
1 ☑ Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner as steted.
2 ☐ Medical Examiner: On the besis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end pleca, end due to the ceuse(s) and menner steted.

FAILS Rd.

29d. Dete signed (Month, Dey, Year)

Lutherville, Md.

DHMH 16 Ray 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme /First, Middle, Last 2. Dete of Death 3. Time of Death Month **Physician** GARDNER SALENA Dune 20. /Medical 4a. Facility Name (If not institution, give street and number) 2 600 Liberty Height 4b. Cay, Town, or Location of Deeth 4c. County of Deeth Examiner BALTIMORE Medical Center Rolf more . MB Baltimore City 5. Social Security Number 8. Dale of Birth (Month, Dey, Year) 7. Age (In yrs. last birthday) **Funeral** 1 M 200 578-82-8299 Director June 18, 1912 unknown Usuel Residence of Decedent with the Maryland 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itema 23a or 28a-f ahow treumatic avent, the Medical Examiner must be notified at 1 Yes 2 No HNKNOWN UNKNOWN UNKNOWN Director 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? UNKNOWN UNKNOWN U.S.A. Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? unknown 1 ☐ Yes 2 ☐ No 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11. Meritel Status permit. Pages 1 and 2 should be filed within 72 hours aftar c Depertment of Health and Mentel Hygiene. Important: if frem 27 is marked other than "natural", or item eny injury or other treumatic avent, the Medical Exercises 2008. 1 TNever Married 2 Married Baitimore, Maryland 21215-0020 If Yes, Give Yeer or Detes: 1 ☐ Yes 2 ☑ No Specify: Specify: Black ð 3 ☐ Widowed 4 ☐ Divorced 15. Decadent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) UNKNOWN UNKNOWN UNKNOWN UNKNOWN 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be UNKNOWN UNKNOWN 20 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) UNKNOWN UNKNOWN 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) Dete 20c. Location - City or Town, Stele 1 ☐ Burlel 2 ☐ Cremetion 3 ☐ Removel from State 4 □ Donetlon 5 X Other (Specify) IN STATE Ronald S. Wade, Director State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201

23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, and or heart feiture. List only one cause on each line. Approximete Interval Between Onset end Deeth Physician /Medical SDIRATION Immediate Cause (Final disease or condition resulting in deeth) Examiner Due to (or es e consequence of): Examiner NRUMONLA physician and the burial-transit Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): requiras that the daath certificate be axed P.O. Box 68760, Physician/Medical Due to (or es e consequence of) ed by the al Pert II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown been signed by should be detec 1 Yes 2 No Division of Vital Records. þ 24b. Were autopsy findings eveileble prior to Completed 24e. Wes en eutopsy performed? completion of cause of deeth? has page 2 certificate 28 No 1 ☐ Yes 2 No To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifical completaly filled in by the funeral director; 25. Wes cese referred to medical examiner? 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6. Other (Specify) 0 1 Yes 2 No 1 XInpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: 5 Pending Investigation Neturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 | Homicide 29e. Certifier 1 Certifying Phyelcian: To the best of my knowledge, deeth occurred et the time, date and piece, end due to the cause(s) end manner es steted.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end piece, end due to the cause(s) and menner stated. Medicai 29d. Date signed (Month, Dey, Year) 29b. Signeture and title of certifier 29c. License number N. Kem wi) 30. Name and address of berson who completed cause of death (Item 23e) (Type, Print)

KWANG N. Kim John Des Sperific BALTIMERP MD. 21215

31. Date filled (Month, Day Year)

Julian Hayling Stranger Stra State

DHMH 16 Rev 6/95

Registrar

1.000 A. 17 A. 17 Level I was at 1 Abra (See Language Control of the
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 20092 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Limith **Physician** JUNE 29 Dey 199 79 ROBERT GROH 1:37 M /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner BEL FOREST REHAB. CENTER BEL AIR MD. HARFORD CO. 5. Sociel Security Number If Under 24 Hrs. Hours Min. If Under 1 Yeer 8. Dete of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign Country) **Funeral** Months 1/□M 2□F Devs 212-07-5126 78 Vre Director Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No MD. HARFORD Directo BEL AIR 10e. Street end Number 10f Zin Code 10g. Citizen of Whet Country? 312 PRINCETON LAN. 21014 USA Funerai 12. Wes Decedent Ever in U,S. Armed Forces? 1 ⊠ Yes 2 □ No If Yes, Give Yeer or Detes: W W I Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Maritel Stetus 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 Divorced WHITE WWII Completed 15. Decedent's Education (Specify only highest greda completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry College (1-4or 5+) + 2 YEARS Elamantery/Secondery (0-12) SALESMAN FOOT WEAR 17. Fether's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Meiden Surname) WESLEY LORETTA REYNOLDS 2 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) MR. KENNETH GROH 312 PRINCETON LN. BEL_AIR, MD. 21014 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 Donetion 5 Other (Specify) PARKWOOD CEMETERY 17-3-97 BALTO, CO. MD. Gre of Funerel Service Licensee RACZOROWSKI FUNERAL HOME 23e. Pert1. Enter the disease, or complications that baused the death. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. DUNDALK AVENUE BALTO. MD. **Physician** /Medical Immediata Cause (Final < 6 want Brain concer diseese or condition resulting in death) Examiner Due to (or es e consequença of): Examiner Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in daath) Lest Due to (or es e consequence of): Physician/Medicai Due to (or es e consequence of) Part II. Other significant conditions contributing to death but not rasulting in the underlying causa given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Wara autopsy findings evelleble prior to completion of ceuse of deeth? Completed 24a. Was en autopsy performed? 2 No 1 Yes 1 ☐ Yes 2 ☐ No 25. Was case referred to medical axaminer? Be 26. Pleca of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) P 1 ☐ Yes 2 No 28e. Date of Injury (Month, Dey Yaar) 27. Manner of Death 28d. Describe how Injury occurred Certification: 28c. Injury et Work? 1 Neturel 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be detarmined 3 ☐ Suicida Pleca of Injury - At home, ferm, straet, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 ☐ Homicida Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and manner as stated.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner stated. Medicai 29a. Cartifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 1,1997 30, Name end eddrass of person who complated cause of daeth (Itam 23a) (Type, Print)

State Registrar David S

31. Deta filed (Month, Dey, Year)

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the Medical Examiner must be

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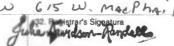
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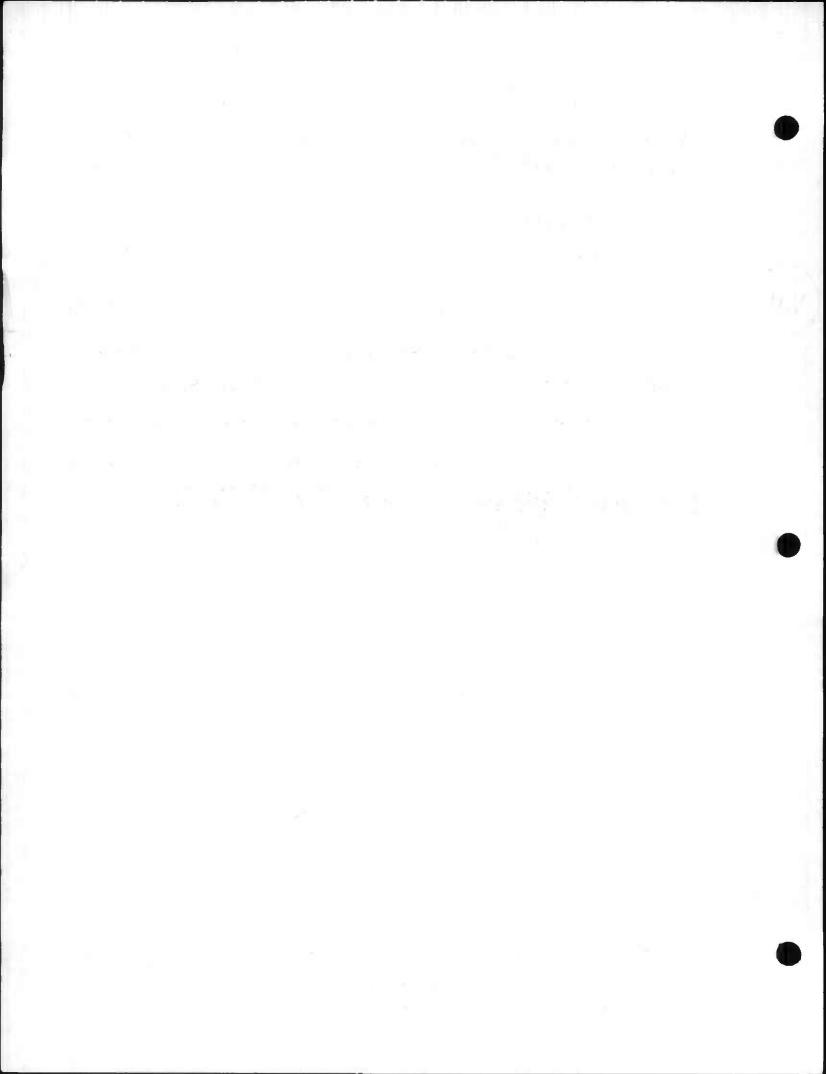
Box 68760.

Division of Vital Records, P.O.

the Maryta

Baltimore, Maryland 212





State of Maryland / Department of Health and Mental Hygiene 97

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by Funeral Director		MD	BALT	IMORE		(CATON	SVII	LE				1 ☐ Yas 2 No
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P O			JOSEPH	GIO	RDANI				M	ARY P	. TESTA	1	
		19e. Informent's Ne	me/Ralationship	Type, Print)	19	b. Mailing	Address (Str	reet end l			er, City or Town,		Code)
		DORIS G	IORDANI	(WIFE)	205 7	ALTAM	ОИТ	AVE C	ATONS	VILLE,	MD 2	21228
		0e. Method of Disp	position	•	20b. Plece	of Disposit	tion (Neme o	f		Dete	20c. Location		
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Dala of Daath 3. Tima of Death Month **Physician** June 29, Evelyn M. Gracey 1997 10:30 P.M. /Medical 4a. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner Dulaney Towson Nursing Home Towson Baltimore 7. Aga (In yrs. last birthday) If Undar 1 Yaar If Undar 24 Hrs. 5. Social Security Number Birthplaca (Stata or Foraign Country) **Funeral** Days Hours 1□M 2♥F Yrs 86 Director 215-07-8018 Maryland Usual Residence of Decedent tha Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23s or 28a-f show traumatic event, tra Medical Examiner must be notified at 1 ☐ Yes 2 🕅 No Baltimore Towson Directo Maryland 10e. Street and Numbar 10g. Citizan of What Country? 10f. Zip Coda U.S.A. Apt. 1901 21286 205 E. Joppa Rd. Funeral death 12. Was Dacedani Evar in U,S. Armed Forcas? 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) 14. Raca - American Indian, Black, Whita, atc. 2 should be filled within 72 hours after and Mental Hygiena.
Is marked other than "natural", or ite 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 ☐ Navar Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify: White þ Specify: 3 Widowed 4 □ Divorced Completed 16a. Dacadant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decadant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) Secretary State Health Dept. 12 18. Mothar's Nama (First, Middla, Maidan Surnama) 17. Fathar's Nama (First, Middle, Last) Michael Margaret Stark Joseph 19e. Informent's Name/Ralationship (Type, Pnint) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) permit. Pagas 1 and 2 st Department of Haalth and Important: If Itam 27 Is n any Injury or other traun 1560 Black Rock Rd. Glenville, Pa. 17329 Wayne G. Gracey - Son 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) Gardens of Faith July 3, 1997 Baltimore, MD 21. Signature of Funaral Sarvice Licensee 22. Nama and Addrass of Facility 1050 York Rd. Ruck Towson Funeral Home, Inc. Towson, Md. 21204 allace 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one ceuse on each line. Approximata Intarval Batw Onsal and Death Physician /Medical Immadiata Causa (Final disaasa or conditio resulting in daath) Examiner Dua to (or as a consequence of): Examiner g physician and as tha burial-transit Sequantially list conditions, if any, laading to immadiata causa. Enter Undarfying Ceuse (Diseesa or Injury that initiated events rasulting in deeth) Last Due to (or as a consequance of) Records, P.O. Box 68760. Physician/Medical Dua to (or as a consequanca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown and pendin þ 24b. Wara autopsy findings available prior to 24a. Was an autopsy performed? Completed complation of causa of daath? 1 Yes 2 No 1 Yas 2 No Vital 25. Was case referred to medical axaminar? Be 26. Plece of Death (Check only ona) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 1 Yas 2 No Division of 28a. Dete of Injury (Month, Day Year) 27. Menner of Death 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Aftar 1 Netural 5 Panding at or Attending attacks attacks. 1 ☐ Yas 2 ☐ No 2 Accidant invastigation 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Place of Injury - At homa, farm, straet, factory, offica building, atc. (Specify) 4 Homicida To the Hospital of within 24 hours a To the Funeral D completaly filled in TC-crifying Physicien: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner as stated.

2 Madical Examinar: On the besis of axaminetion end/or invastigation, in my opinion, daath occurred et the time, dete end place, and due to the cause(s) and manner stated. edicai 29a. Certifier 29d. Data signed (Month, Day, Year) 29b. Signatura and titla of certifiar 29c, Licansa number Attendity mb Tu~e 30, 1997 30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print) 7801 York Road, Towson, Maryland 21204 Kenneth M. Greene, M.D. 31. Date filad (Month, Day, Year) 32. Ragistrar's Signature State

whit Davidson

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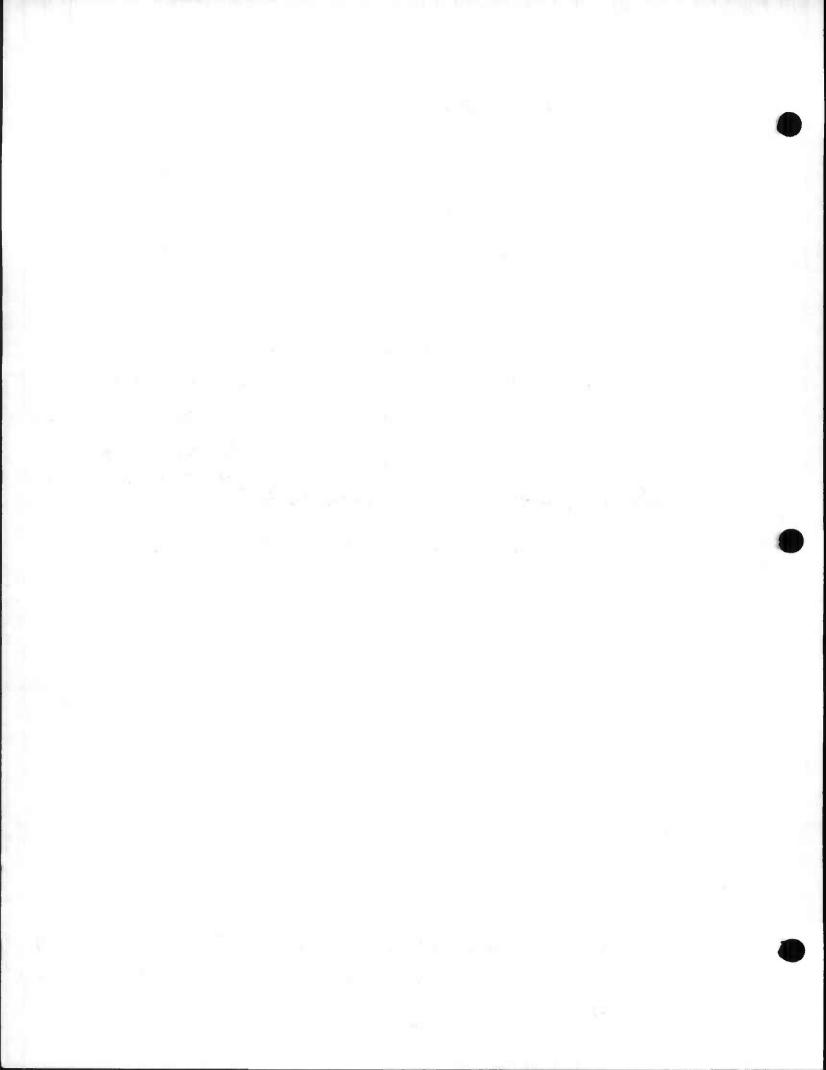
Registrar

JUL 0 3 1997

State of Maryland / Department of Health and Mental Hygiene

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						Cert	ificate of	Death		Reg. No.		20000
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21215-0020	n 72 hours after death with the Maryland "natural", or frems 23s or 28s-f show adjest Examinat must be notified at	by F	3 Widowad 4 Divorcad	If Yes, Give Year or Dates:	10	1[☐ Yes 2X No	Specify	*	Spe	ecity: W	hite
9	2 hou		15. Decedent's E		166	Decede	nt's Usuel Occup	ation		16b Kind o	of Business/li	
75	5 2	Completed	(Specify only highest gi	ede completad)		(Give ki	nd of work done NOT use retire	during mos d)	st of working			
21	d within plene. r than "	Eo	Elementery/Secondary (0-12)	College (1-4or 5	+) T	ug I	Boat Op	erat	or	Sh	ippin	g
	be filed Ital Hygid d other	BeC	17. Fether's Nama (First, Middle, Las	t)					er's Neme (First, Mi	ddle, Meiden Sur	neme)	
<u>a</u>		ToE	Charles J. Ha	rdesty				Lill	lian Buc	kmaste	r Har	desty
Maryland	S P E E	-	19e. Informent's Neme/Reletionship	(Type, Print)	19b	. Mailing	Address (Street	end Numb	er or Rural Route N	umber, City or To	wn, Stete, Z	ip Code)
	5 7 7 2		Patsy L. Fromm	Niece	e 11	.04	Castle	Har	bour Way	7 #2B M	arvla	and 21060
ore	of Healf item 2		20e. Method of Disposition	75	20b. Piece o	f Disposit	tion (Neme of story or other pla	ce)	Date	20c. Locati	on - City or T	Town, State
Ĕ	Pagnent Int: H		1 X Buriel 2 ☐ Cremetion 3 (4 ☐ Donetion 5 ☐ Other (Speci		Mead	owri	tony or other pla idge al Park		July 1997	Dorse	ey, M	aryland
Baltimore,	permit. Pages 'Department of Himportant: If Ne any injury or of pages.		21 Signature Funeral Service Lice	nsee		22. 1	Neme end Addre	ss of Fecili	ity Ambros	e Fune	ral H	ome, Inc.
Ω	22 5 2		May 1 Jana	-		13	328 Su]	lphur	Spring	Road		
	ITINE		23a. Pert1. Enter the disease, or con shock, or heert feilum. List only	plications that caused	the deeth. Do	not entar	the moda of dyi	ng, such es	cardiec or respireto	21227 ry errest,	T	Approximete
я	Physician		SHOCK, OF HEER TENDER CHILDREN				_				1	Intervel Between Onset and Deeth
	/Medical		Immediate Ceuse (Finel disease or condition	Mot	asta	ti	c Yro	sta	ate (ance		3 years
	Examiner		resulting in death)	-	Due to (or es e				-			5 920012
L	0 5	iner	_									
	icate be executed physician and sthe burial-fransit	Examiner	Sequentially list conditions,	b	Due to (or es e	conseque	enca of):				1	
90,	sian s		if any, laading to Immediata cause. Enter Underlying Ceuse (Diseese or Injury	0								
68760,	death certificate be attending physicia d for use as the bur	Medical	thet initiated events resulting in death) Lest		Due to (or as a	conseque	enca of):					
×	ding p	Me		d							1	
Bo	death c e attended for us	lan		<u> </u>							i	
o.	the the	Physician	Pert II. Other significant conditions	contributing to death bu	t not resulting In	n the und	lerlying cause giv	en in Pert	l. 23b.	Did tobacco use	contribute	to the cause of death?
۵.	that the led by detac									1 Yes 2 N	lo 3□Pro	obably 4 Unknown
ds,	S G	d by							240	Wes en eutopsy	24h W	Vere autopsy findings
Record	requir been s should	Completed							248.	performed?	6	veileble prior to ompletion of cause
Re	has has	d L										f deeth?
	ician: The is certificate ha rector, page		05 14							Yes 2 MN	0 1	Yes 2 No
Vital	Physician: this certific ral director,	Be c	25. Wes case referred to medical examiner?	Hospitai:			_ Oth		e of Deeth (Check o			-
of	는 문교	: To	1 ☐ Yes 26 No 27. Manner of Death	1 ☐ Inpatie		rtpetient Time of	3LI DOA	4 KENNI	ursing Home 5 1	Residenca 6 🗆 ribe how Injury oc		ity)
on	ding Ph h. After th funeral	tion	1 Meturei 5 ☐ Pending	(Month, Dey		njury	28c. Injui	rk? Yes 2□		is now injury or		
S	or Attending after death. Director: Afte d in by the fune	fica	3 ☐ Suicide 6 ☐ Could not b	One Disease file	rv - At home fa	rm stree				on (Street end N	umber or Ru	ral Route Number,
Division	after Direct	Certification:	4 ☐ Homicida determined	building, etc	. (Specify)	, 01100	n, ractory, onloo			Town, State)		
	To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the		29e. Certifier 1 Certifying Pl	nyelclen: To the best o	f my knowledge	deeth o	occurred at the tir	me dete er	nd pleca, end due to	the reuse(s) end	I menner es	steled
	24 h PFur letely	edicai	(Check only 2 Medical Example)	miner: On the basis of end menner sta	exeminetion en	d/or Inve	stigation, In my o	pinion, dee	eth occurred et the ti	me, dete end ple	ce, end due	to the ceuse(s)
	vithin Fo th	Me	29b. Signeture end title of certifier				29c. Licens	e number		29d. Dete si	gned (Month	, Day, Yeer)
	->-0		> Ullin	m. News	1116	2 m	1773	610	22	5111	- 1	1997
	n		30. Name and address of person who	completed cause of de	eth (Item 23e)	(Type Pr	rint)	-	0 5	400	-(1 1 1 1
	10		WILLLAM M	- RUSSE		~~	342	_(BENSON	WE	BAL	TIMORE WY
	Sta	ite	31. Date filed (Month, Dey, Year)	22 Popletro	de Cianatura	/						
	Registr		JUL 0 3 1997	Julia Berido	- b	-						
DHI	MH 16 Rev 6/9	5		0	an-Marida	16						



WRC 97-3220-031 MADDIE

permit. Pages 1 and 2 should be filed within 72 hours effer c Depertment of Health and Mental Hygiena. Important: If Item 27 is marked other than "natural", or item any Injury or other treumatic event, the Medical Examples.

Physiclan /Medical

Examiner

physiclen end s the burial-transit

attanding pl

signed by the a

has page 2

certificate

Aftar this

after death.

24 hours

within 2 ŝ

2

funeral director,

filled in by

Hospital or Attending Physician:

requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

Examiner

Physician/Medical

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Completed

Be

P

Certification:

Medical

þ

Completed

Be

Baltimore, Maryland 21215-0020

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

and Mental Hygiene

DIE							Department	ot h	tealth
RRIS	Items:23a	part I.27	per MEO	G-749	7/9/97	dh	Certificate	of	Death

g. No.

1997

1929 unknown

4c. County of Death Montgomery

11,

					State	OF IVE	arylanu / De	partmer	IL OI	nealth	and n	nental H	ygı
HA	RRIS _{It}	ems	:23a part I	,27 per	MEO G-749 7	7/9/9	7 dh <i>C</i>	ertificat	te of	Death			Re
	Physici /Medic		1. Decedent's Nam Maddie		lle, Last) Harr	is						2. Date of I Month JUNE	
	Examir		4e. Fecility Name (I		n, give street and n OSPITAL	u <i>mber)</i>					ocation of De IESDA	ath	
	Funeral		5. Social Security N	lumber	6. Sex	7. Ag	e (In yrs. last birthda					8. Date of E	Birth
	Director		unknown		1□M 2図F		67 Yrs.	Months	Days	Hours	Min.	Aug.	31
	ס		Usual Residence of	Decedent									
	e Marylan	ctor	10a. State Maryland	10b. County Mont	gomery		10c. City, Town or Bethesd						
	death with the Maryland ms 23a or 28a-f show mass be notified at	al Dire		10e. Street end Number 5721 Grosvener Lane									10
0	ofter dea writeme	Funer	11. Marital Status		Armed F	orces?	unknown	3. Was Dece If Yes, spe	dent of cify Cut	Hispenic Or ben, Mexice	lgin? (Sp n, Puerto	ecify Yes or f Rican, etc.)	Vo-

10d. Inside City Limits 1 ☐ Yes 2€ No g. Citizen of What Country?

Birthplace (State or Foreign Country)

8:22 PM.

unknown 12. Was Decedent Ever In U.S.
Armed Forces? unknown
1 ☐ Yes 2 ☐ No
If Yes, Sie
Year or Dates:

13. Was Decedent of Hispenic Origin? (Specify Yes or NoIf Yes, specify Cuben, Mexicen, Puerto Rican, etc.)
1 ☐ Yes 2 ☒ No Specify: 14. Race - American Indian, Black, White, etc. 11. Marital Status unknown 1 ☐ Never Merried 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced

Specify: Black 16b. Kind of Business/Industry

16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) unknown unknown unknown unknown

17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) unknown unknown

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

Vera Phillips/daughter 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State

20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State

4□Donation 5☑Other (Specify) in state 21. Signature of Funeral Service Licensee Ronald S Wade, Director chice

15. Decedent's Education

19e. Informant's Name/Relationship (Type, Print)

22. Name and Address of Facility State Anatomy Board, 655 W. Baltimore Street Baltimore, Maryland 21201

and 1. Enter the disease or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, lock, or heart feilure. List only one cause on each line.

Approximate Interval Between Onset and Death

Immediate Cause (Finel disease or condition resulting in death)

MYOCARDIAL FIBROSIS, FOCAL Due to (or as a consequence of)

Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of):

Due to (or as a consequence of):

Part II. Other algnificant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was en autopsy performed?

24b. Were autopsy findings aveilable prior to completion of cause of death?

1 Yes 2 No 12 Yes 2 No

25. Was cese referred to medical axaminer?

26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Inpatient XER/Outpetient 3☐ DOA

27. Menner of Deeth 5 Pending investigation KX Neturel 2 Accident 6 Could not be determined

28e. Dete of Injury (Month, Day Year) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury et Work? 28b. Time of 1 Yes 2 No

28d. Describe how Injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier

3 Sulcide

4 Homlcide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the ceuse(s) end manner as stated. 2 XMedical Exeminer: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier Um ble

O.C.M.E.

29d. Date signed (Month, Day, Year) JUNE 13, 1997

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

RYDAIDS · 1conor 31 Date filed (Month, Day, Yeer) 0 3 1997

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth **Physician** HAMPTON INES JUNE /Medical 4a. Facility Nema (If not institution, give street and number) 4b. City, Town, or Location of Deeth **Examiner** BALTIMOR Macy/AND UNIVERSILY 6. Sax If Under 1 Yaar 5. Social Security Number 7. Age (In yrs. last birthday) If Under 24 Hrs. Birthplece (State or Foraign Country) **Funeral** Months Deys 10 M 20 F 239-42-526, Hours Yrs. Director Brolina Usuel Residence of Decedent 10b. County 10a State 10c. City, Town or Location 10d. Inside City Limits items 23e or 28e-f short iner must be notified at Director 1 Tes 2 No Haryland BAITIMORE 10e. Street and Number 10g. Citizen of Whet Country? USA ARlington 21217 Funerai death 12. Was Decedent Ever In U.S. Armed Forcas? 1 ☐ Yas 2 ☐ No if Yes, Give Yeer or Detas: Wes Decedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - Amarican Indian, Bieck, Whita, atc. treumstic event, the Medical Examiner filed within 72 hours after 1 Navar Married 2 Married 21215-0020 ò 1 Yes 2 1 No by Black 3 ☐ Widowed 4 ☐ Divorced natural', Completed Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired), 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry al Hygiene. Elementery/Secondary (0-12) PRIVATE BUSINEN College (1-4or 5+) LAUNDRY WORKEN grade Baltimore, Maryland 17. Fether's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Maiden Sumeme) . Pages 1 and 2 should be fill iment of Heelth end Mental Hitant: If item 27 is marked oth Blackwell Rutus WLITESIDE 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street,and Number or Rural Route Number, City or Town, State, Zip Code) DAUghter RUBERT JWEEL INEZ HILLER BALTIMOR. other 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 8 1. Surial 2 Cremetion 3 Removel from State permit. Page Department of Important: If any Injury or 4 □ Donation 5 □ Other (Specify) nemerial barous 21. Signeture of Funeral Service Licensee 22. Nama and Address of Facility CHATAM - HAMIS Bling Hurris 21211 BALTRONE Md 23a. Perf.1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximete Interval Betw Onset and D Physician /Medical Immediate Ceuse (Final diseese or condition resulting in deeth) Examiner Hospital or Attending Physician: The law requires that the death certificate be executed Sequantielly list conditions, if any, leeding to Immadiate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting In deeth) Last Box 68760. been signed by the attending physician should be deteched for use as the buna Physician/Medicai P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, Completed by 24b. Were eutopsy findings eveileble prior to completion of causa of death? 24e. Was en eutopsy performed? 1□ Yes 2□N 1 Yes 2 No After this certificete Be (25. Wes case referred to medical 26. Place of Deeth (Check only one) Other: 4☐ Nursing Horna 5☐ Residence 6 ☐ Other (Specify) Certification: To 1 Depatient 1 Yas 2 1 2 ER/Outpetient 3□ DOA 27. Menner of Dea 28a. Dete of Injury (Month, Dev Yeer) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1- ENaturel 5 Pending death. 1 Yes 2 No Investigetion 2 Accident efter death illed in by the 3 Suicide 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 Homicide within 24 hours e To the Funeral C completely filled 1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, end due to the ceuse(s) end manner es steted.
2 Medical Examiner: On the bests of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) end menner stated. Medicai 29a. Certifier 5 29b. Signatura and title of certifier 29c. License number 29d. Dete signed (Month, Day, Year)

who completed cause of deeth (Item 23e) (Type, Print)

NSE

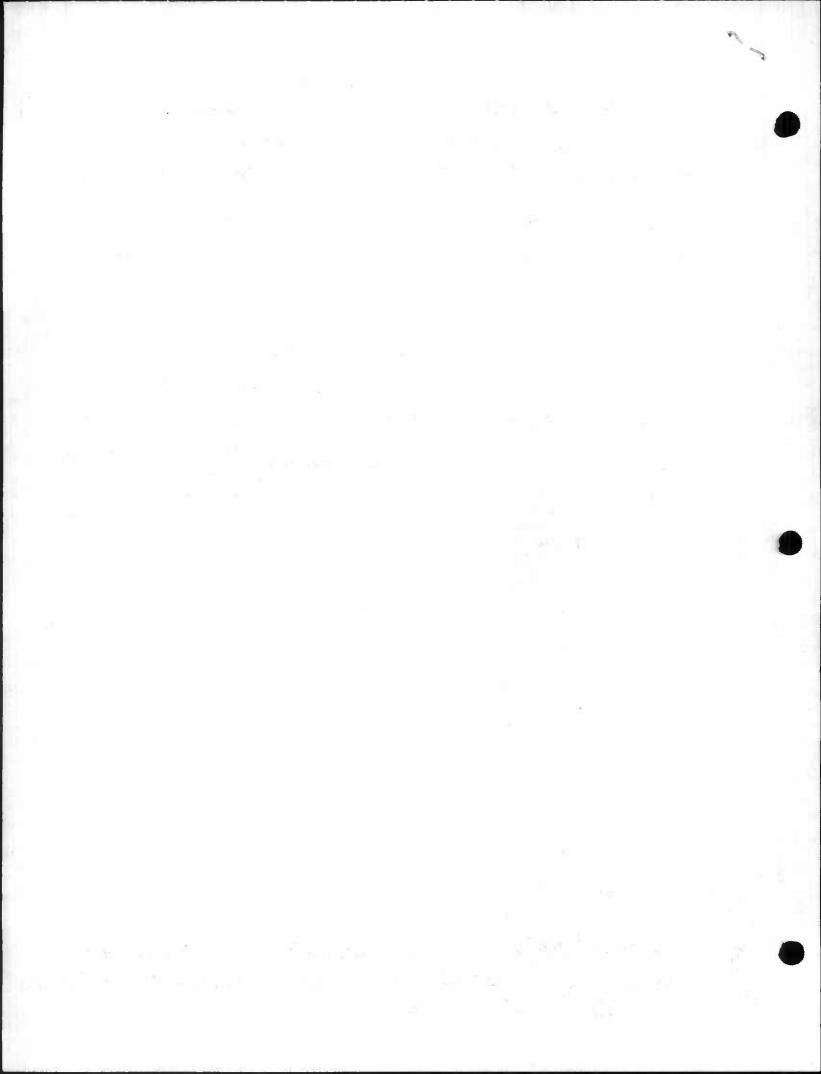
9 33 Registrer's Signetura

ZZ S. GREEN ST BALLIMORE MD Z1201

DHMH 16 Rev 6/95

State Registrar 30. Neme and eddress of person

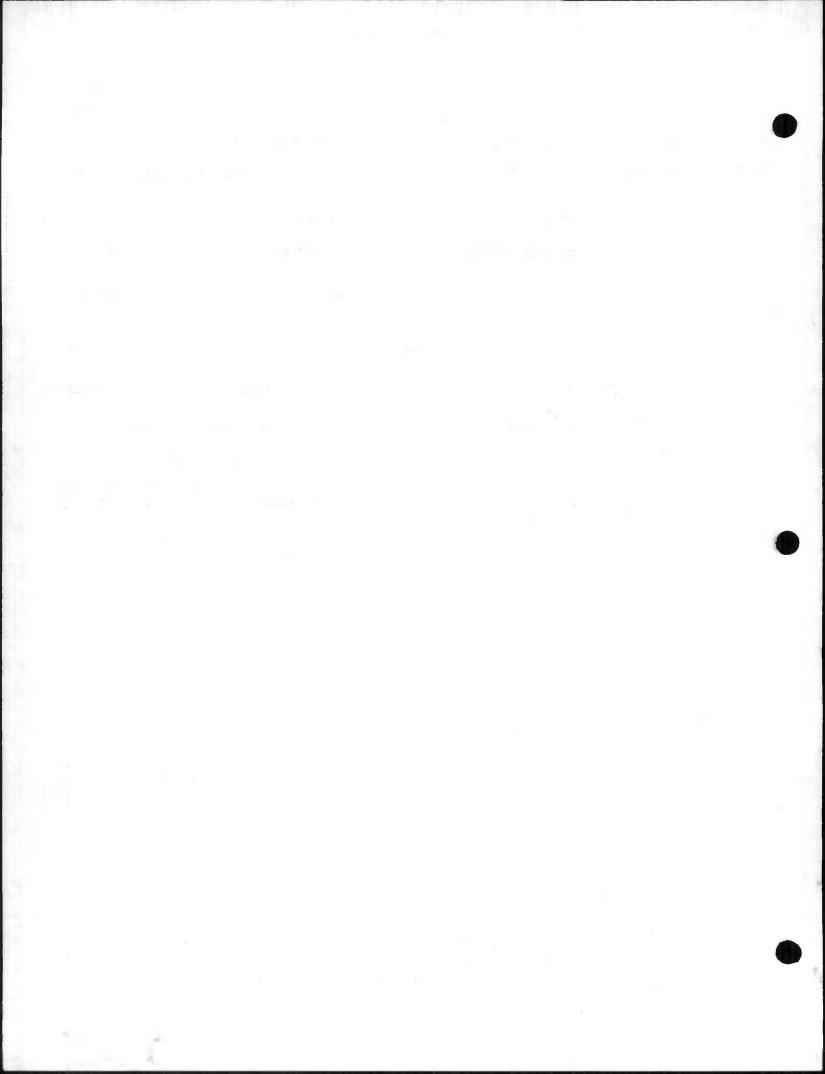
31. Dete filed (Month, Dey, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

			State of Mary		Certifica			u wentai n	Reg. No.	97	20098
Phys /Me	ician dical	DEVINTER	KATZ	H	OFFBO				28,1997	Yaar	3. Time to th
Exar Funer Direct		THE JOHNS HOPKIN 5. Social Security Number 6. Social Security Number 220–46–2838	S HOSPITAL		hday) If Und Month	ar 1 Yaar	BALTIMO	vlin. (Month, L		N	/A plece (Steta or Foreign htry) MD
show	7	Usual Residence of Decadent 10a. State 10b. County		City, Town	or Location					1	10d. Inside City Limits
with the A la or 28a-	Director	MD BALT 10e. Street and Number 725 MT. WILSON I	IMORE #823			ALTIMO	21208		10g. Citizan of		1 Yes 2 No
Sryland 21215-0020 should be filed within 72 hours after death with the Manyland Montal Hygiene. marked other than "naturel", or ferm 23e or 28e-f show imatic event, the Medical Examine Frant be notified a	by Funeral	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Dacedent Evar in Armed Forcas? 1 Yas 34 No If Yas, Give Yaar or Detas:	n U,S.			111	7 (Specify Yas or N uarto Rican, atc.)	14. Rec Bla Specif	ce - Amaric ck, Whita,	can Indian,
21215-0020 Jawithin 72 hours af Jiene. r than "naturel", or	Completed	15. Decedent's Ed (Specify only highast grad Elemantary/Secondary (0-12)	ucation da complated) Collega (1-4or 5+)		Decedant's Us (Giva kind of k lifa. DO NOT CHOOL T	rork dona d usa ratired)	luring most of)	working	16b. Kind of B		
office of the of	Be	17. Father's Nama (First, Middla, Last)					18. Mother's	Nema (First, Middl	e, Meidan Sumar	na)	
Maryland d 2 should be file th end Mental Hy 7 le marked othe treumatic event,	To	ABRAHAM		KAT	Z		BEAT	RICE		G	ROLLMAN
Alary 2 sho end h		19a. Intorment's Name/Raiationship (7	ype, Print)			ss (Street a	ind Number o	r Rural Routa Num	ber, City or Town		
Baltimore, Marylis permit. Peges 1 and 2 should Depertment of Heelth end Mer Important: If item 27 to marks any injury or other treumstic	oner	SUZANNE GROSS 20a. Mathod of Disposition 1 Burial 2 Cramation 3 Cl 4 Donetion 5 Othar (Specify) 21. Signal at of Funaral Service Licent	Removal from State	b. Plece ot cematary		ama of other place DSHTP and Address	s of Facility		20c. Location BALTIMO EVINSON	ORE, I	MD OS.,INC.
Physicia /Medica Examine	al	23a. Part tha diseasa, or companies of the filter. List only of limmediate Cause (Final diseasa or condition rasulting in death)	. Gastro	inte	ot enter the mo	oda of dying	g, such as car	1	arrast,		Approximate Interval Batween Onset and Death
SOX 58 750, eath certificate to encountered to the estending provider and of for use as the trun transfer.	ledical	Saquentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated avants rasulting in death) Last	c		onsequanca of						
het the d d by the deteched	Physician/N	Part II. Other algnificant conditions co	ntributing to death but not	rasulting in	tha undarlying	causa giva	n in Part I.		Yes No	ntributa to	the cause of death?
VI(al HECOTGS, P.O. BOX tolan: The law requires that the death ce- certificate hes been signed by the ettendir rector, page 2 should be deteched for use	Completed by								s an autopsy ormed?	COI	are autopsy tindings ailable prior to mplation of causa daath?
	ပ်							1 🗆	Yas 2 No	10	Yas 21 No
r Vital Hec ysician: The law is certificate hes t director, page 2 s	B	25. Was case retarred to medical axaminar?						Deeth (Chack only	ona)		/\
Physi this o	2	1 183 210 140	1	□ ER/Out			4 🗆 IAMISII	g Homa 5 ☐ Res			1)
UNISION OF VITA To the Hospital or Attanding Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director,	Certification:	27. Mennar of Deeth 1 Natural 5 Panding 2 Accident invastigation 3 Sulcida 6 Could not be	28a. Deta of Injury (Month, Day Year	28b. Ti	ima of jury M	28c. Injury Work 1 ☐ Y	at ? ′as 2 □ No	28d. Dascribe	how injury occur	red	
DIVI To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by		4 Homicida datarminad	28a. Place of Injury - A building, atc. (Spe	t homa, tan	m, straat, facto	ry, office			(Street end Numb wn, Stata)	er or Rura	I Route Number,
the Hosp hin 24 hos the Fune npletely fi	Medical	one) 2 Madical Exami	aician: To tha best ot my k ner: On tha basis of axam and menner statad.	mowledga, ination end	or Invastigatio	n, in my opi	Inlon, daath o	ace, end dua to the ccurred at tha tima	, date and piece,	and dua to	tha causa(s)
T Wild	.\	29b. Signatura and titla of cartitiar Suryanne	11 Cotter		25	RES	number 00 (2	June .	- 0	1997
2		30. Name and address of person who was a second of the sec	lolfe St	. (Type, Print) Og Itiy	nor	e, r	MD. 2	287		
S Regis	itate strar	31. Data filed (Month, Day, Yaar) JUL 0 3 1997	32. Registrer's Signal Davids	on-Ran	delle						

DHMH 16 Rev 6/95



	Please	Type or Print I						ble.	
				Department of		Mental Hyg	jiene	07	20000
	ITEM: 5,15,16b perFH 6	-749 7-3-97 eo	h 24a	Certificate c	f Death	F	leg. No.	21	20099
	1. Decedent's Neme (First, Middle, La.	st)				2. Date of Dea			3. Time of Death
an	Robabhe	H	ami	di		June	OS 19	1011	1320
cal ner	4e. Facility Name (If not institution, give				4b. City, Town, or	Location of Death	4c. County	of Death	
	SHADY GROVE ADVE	NTTST HOSPT	ΤΔΤ.		ROCKVII	LE	MON	TGOME	PDV
91	5. Social Security Number 6. S		yrs. last b		ar If Under 24 Hrs		Year) 193	9. Birthpl	ace (State or Foreign try)
	UNKNOWN 1	□M 200 F 63		Yrs. Months Da	s Hours Min	Septemb	(Year) 1931	IRAN	try)
	Usual Residence of Decedent					ререспе	,0110,		
	10e. Stete 10b. County	10	c. City, Tov	vn or Location				10	Od. Inside City Limits
흕	Md Montgome	ery	Gaitl	ersburg					ty Yes 2 No
<u>\$</u>	10e. Street and Number			10f. Zip Cod	9	1	Og. Cifizen of \	What Coun	try?
Funeral Director	20233 Maple leaf	o.t		20879			TDAN		
Je.	11. Marital Status	12. Wes Decedent Ever	in U,S.	13. Was Decedent of	f Hispanic Origin? (8	Specify Yes or No-	IRAN 14. Rac	e - America	an Indian,
E	1 Never Married 2 Nerried	Armed Forces? 1 ☐ Yes 2½ No			uban, Mexicen, Puèr	rto Ricen, etc.)	Blac	k, White, e	etc.
by	3 ☐ Widowed 4 ☐ Divorced	if Yes, Give Year or Dates:		1 ☐ Yes 2 ☐ ﴿	lo Specify:		Specify	cauc	C .
8	15. Decedent's Ed	lucetion		Decedent's Usual Oc.			16b. Kind of B	usiness/Ind	lustry
plet	(Specify only highest gre	de completed) 1111	2	(Give kind of work do life. DO NOT use ret	ne during most of wo ired)	orking			
Completed	Eiementary/Secondery (0-12)	Coilege (1-4or 5+)		Home-M	aker		HOME		
Be C	17. Father's Neme (First, Middle, Last)				18. Mother's Na	me (First, Middle,	Maiden Sumen	16)	
0 8	Abrahim Taheri				Fatembe	e Saidi			
-	19a. Informant's Name/Reletionship	Type, Print)	19	b. Mailing Address (Str	et end Number or R	Turel Route Numbe	r, City or Town,	Stete, Zip	Code)
	Majid Hamidi	- Son	26	233 Maple	loof Ct (Caitharah	MT	208.	7.0
	20a. Method of Disposition		0b. Place	of Disposition (Neme of		Date	20c. Location -		
	1 NBuriel 2 Cremation 3 C			ery, crematory or other	-	6/10/07			***
	4 □ Donation 5 □ Other (Specify 21. Signature of Funeral Service Licen		conev	22. Name end Ad		6/10/9/F	rince v	/1111.6	am, VA
	11.1/1.15	70 . 1	1	22. Harris end Ad	areas or racinty				
_	Cegini -	Karry	V-1	9320 Wes	t St. Mana	assas, VA	20110		
	23a. Part1. Enter the disease, or company shock, or heart failure. List only	one cause on each line.	death. Do	not enter the mode of	lying, such es cardia	ic or respiretory en	est,		Approximete interval Between
		0	0	0 7					Onset and Deeth
	Immediate Cause (Final disease or condition resulting in deeth)	chronic	N	enal of	ailure				347.
Ļ	resulting in death)	Due	to (or es e	consequence of):					,
Examiner		b. ———						ŀ	
хап	Sequentially list conditions, if any, leading to immediate	Due	to (or as a	consequence of):					
	cause. Enter Underlying Cause (Disease or injury	C						1	
dic	that initiated events resulting in death) Last	Due	to (or es e	consequence of):					
Physician/Medical	L	d						į	
lan								I	
yslo	Part II. Other significant conditions of	ontributing to death but no	t resulting	in the underlying cause	given in Pert I.	23b. Did to	obacco use co	ntribute to	the cause of death?
P						1 🗆 Y	es 2 No	3 Prob	ably 4 Unknown
Completed by								T	
ted						24e. Wes e		ava	re eutopsy findings lifebie prior to apletion of ceuse
ple								of c	death?
Con						1 🗆 Y	es 2 No	1 🗆	Yes 2□ No
Be	25. Was cese referred to medicel examiner?					eth (Check only or	16)		
L _o	1 X Yes 2 □ No	Hospital: 1 Inpatient	2 ER/0	utpatient 3 DOA	Other: 4 Nursing I	Home 5 Resid	ence 8 🗆 Oth	er (Specify)
	27. Manner of Death 1 Natural 5 □ Pending	28a. Dete of injury (Month, Dey Yea	er) 28b.	Time of 28c. in	jury at Vork?	28d. Describe h	ow injury occur	red	
atle	2 Accident investigation			M 1	☐ Yes 2 ☐ No				
Certification:	3 ☐ Sulcide 6 ☐ Could not be determined	28e. Place of Injury - building, etc. (S	At home, f	arm, street, factory, offi	> 0	28f. Location (S City or Tow		er or Rura	l Route Number,
Cer									
edical	29a. Certifier 1 Certifying Ph	ysician: To the best of my niner: On the basis of exa	knowledg	e, death occurred at the	time, date and plac	e, and due to the o	ause(s) end me	enner es st	eted.
Pa	one)	and manner stated.	rimia (IUII &	ioror investigation, in m	y opinion, death occ	unou at the time, t	are and place,	ania daa 10	tire cause(s)
Σ	2006 Class at use and this of a satisfied			00- 14-					
	29b. Signeture end title of certifier				onse number		39d. Date signe June		(0197

Ln#409

Rockville MD 20852

State Registrar

Physicia /Medic Examine

Funeral Director

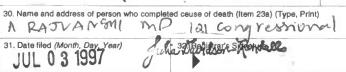
parmit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Meryland Department of Heelth and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28a-f show any Injury or other traumatic event, the Medical Examiner must be notified at once.

Physician /Medical Examiner

within 24 hours efter death.

To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit To the Hospital or Attending Physician: The lew requires that the death certificete be executed Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

30,1997

MARTLAND

-1	Physic	an	1. Decedant's Name (First, Mi	ddia, Last)	16		HUNT	ER	2. Data of Dea Month	Day	Year	3. Time of Death		
	/Medi	-		MAY			(- / - /		JUNE 3	1		7:53 P.M.		
	Examir	ner	4e. Fecility Nama (If not Institu THE JOHNS HO						, or Location of Death	4c. County				
10_	_						Hilladas 4 Va	The second second	MORE CITY	N,				
١	Funeral Director		5. Societ Security Number 220–48–1721	6. Sex 1 ☐ M 2 🖫 F	7. Aga (In yrs	. last birthday) Yrs.	If Under 1 Ye Months Da		8. Date of Birth (Month, Day 2/29/	Year)		ace (Stata or Foraign ry) VIRGINIA		
	D		Usual Rasidance of Dacedant								1101	THOTHER		
	oth with the Marylan 23a or 28a-f show	ō	MARYLAND BAI	TIMORE		ity, Town or Lo TIMONIU					10d. Inside City Limits 1 ☐ Yas 🔏 No			
	the 28s	Director	10e. Street and Number	2211011		111101110	10f. Zip Cod	a		log. Citizan of W	hat Count	N?		
	23a or		1806 REUTER	ROAD				21093		A 2210	JSA			
020	72 hours after deeth with the Maryland naturel", or Herns 23a or 28a-f ehow ores Examiner must be notified at	by Funeral	11. Maritai Status 1 Navar Merried 25 N 3 Widowed 4 Divorce	arried Armed F	2 🔯 No live		Was Decedant of If Yas, specify C 1 ☐ Yas 2 ☑ I	uban, Maxican, P	7 (Specify Yas or No- Puarto Rican, atc.)					
Ö	72 hours "natural",	9	15. Deced	ant's Education		16a, Dece	dant's Usual Oc	cupation		16b. Kind of Bu				
21215-0020	permit. Pages 1 and 2 should be filed within 72 Department of Health and Mental Hygiena. Important: If item 27 is marked other than "ns any injury or other traumatic event, the Media once.	Completed	(Specify only hig Elementary/Secondary (0-12	hast grada complated 2) Coilaga	(1-4or 5+)	(Giva	kind of work do DO NOT usa re	na during most of tired)	working LOGY LABS	HOSPI		y		
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ano	be d od od	Be									3)			
Ž	J Mer	2	TRENTON KEMI					MARG						
Maryland	12 st h and lis n traum		19a. fnformant's Name/Ralatio						or Rural Route Numbe	r, City or Town,	Stata, Zip (lode)		
e,	1 and Healt I'm 27		DONALD S. HUN'. 20a. Mathod of Disposition	CER	HUSBA		06 REUTE		TIMONIUM,	MD 210		- Ptoto		
Baltimore,	ges If of h		1 ☐ Burial 2 ☐ Crematic	n 3 Ramoval fron		cematary, crar	natory or othar	place)	Data	20c. Location - (City or Tow	n, State		
#	tment tant:		4 Donation 5 Other		DU			MEM. GAR.	7/3/97	COCKEYS	SVILLI	E, MD		
Sal	Deparit		21. Signatura of Funarai Sarvi	pe Licansee				drass of Facility UNERAL	HOME 8521	LOCH RA	WENT 1	RT.VD		
	40 = € a		1///	le .			WSON, N			DOCH R	ZATTA 1	JUVD.		
			23a Parti. Enter the disease,	or complications that	caused the dee					est,	T	Approximate Interval Batween		
	Physician		23a Part. Enter tha disaasa, or complications that caused the deeth. Do not antar tha moda of dying, such as cardiac or respiretory errest, shock, of heart failure. List only one cause on each lina.											
	/Medical		immadiate Causa (Final disaasa or condition	5	eps	ic					en	e mouth		
	Examiner		rasulting in daath)	8.	bua to (or es e consec	quance of):		1 3			2 11(010)		
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	b executed can and burial-transit	Examiner	Saquentially list conditions,	Б.	Dua to (or as a consec	uance of):	1,010						
o,	an an	Ä	Saquentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseasa or Injury	J							i			
100	1 2	ca	Cause (Diseasa or Injury that initiated evants rasulting in daath) Last	С	Dua to (or as a conseq	uanca of):							
(%)	as th	clan/Medical	rasulting in odatil) Last								į			
B	for us	lan									i			
Ö	the the	Physic	Part II. Other significant cond	itions contributing to	death but not ra:	sulting In tha u	ndarlying causa	givan in Part I.	23b. Dld to	obacco usa con	tributa to	the cause of death?		
s, P.O	requires that tha de seen signed by the a hould be detached to	by Ph	Usteogene	esis di	mpert	ecta			101	es 2□ No	3 Prob	ably 4 ☐ Unknown		
Ď	require been sig should b	b	10H						24a. Was	in autopsy	24b. War	e autopsy findings		
8		et	ASTHMA						perfor	med?	com	iabla prior to ipiation of causa aath?		
Be	0 - 0	Completed	11 to							as 2□No		~/		
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5	ysicia is certi directi	9 Be	axaminar?	Hospital:	6	Tenio		Other:	Death (Check only or		40 4			
of	Phys ral d	2	27. Mangar of Death			28b. Tima of	I SEL DOM	4 LI NUISI	ng Homa 5 ☐ Rasid	ance 6 Li Otha ow Injury occurre				
5	Attending Physician: or death. sctor: After this certific by the funeral director.	힐	1 Naturai 5 □ Pan	ding (Moi	of Injury nth, Day Yaar)	Injury		njuryat Vork? □Yes 2□No		on many occurr				
S	daati daati ctor: y tha	lca	3 Suicide 6 □ Cou	ld not be	e of Injury - At h	oma farm etr				treet and Numbe	er or Rural	Routa Number		
Division of Vital Records,	after Direct	Certification:	4 ☐ Homicide data	mined 286. Plac build	ding, etc. (Speci	fy)	aat, ractory, one		City or Tow		o. Horar	· · · · · · · · · · · · · · · · · · ·		
_	ours ours oral filled	0	29a. Certifiar Certif	ring Physician: To th	a hest of my kn	nwledne dest	occurred at the	time data and a	piace, and dua to tha	auso(s) and ma	ner ac etc	het		
	To the Hospital or Attendin within 24 hours after death. To the Funeral Director: Aft completely filled in by the fun	edical		al Examiner: On tha l	basis of examination of stated.	ation and/or In	vestigation, in m	y opinion, death	occurred at the time, o	late and place, a	nd due to	he cause(s)		
	With To To	Σ	29b. Signatura and titla of certi	fiar		01	29c. Lic	ansa number		9d. Data signed	(Month, D	ay, Year)		

State Registrar David allen Blake, MD Physician RES -000

30. Nama and addrass of person who completed cause of death (Item 23a) (Type, Print) DAVID ALLEN BLAKE, MD DOWN'S HOPMING HOSPITHL GOO NORTH STREET

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Dev BERNARD HENRY HUBER JUNE 28 1997 10:50 AM 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth GOOD SAMARITAN HOSPITAL BALTIMORE CITY N/A If Under 1 Yeer 5. Social Security Number 7. Age (In yrs. lest birthday) If Under 24 Hrs 8. Date of Birth (Month, Dey, Year) Birthplece (Stete or Foreign Country) Deys 1 DXM 2 □ F Months Hours 55 213-42-3218 12/25/41 MARYLAND Usual Residence of Decedent 10b. County 10c. City. Town or Location 10d. Inside City Limits MARYLAND BALTIMORE PARKVILLE 1 Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1386 DEANWOOD ROAD 21234 USA 12. Wes Decedent Ever in U,S. Armed Forces? 11. Maritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Reca - American Indien. Bleck, White, etc. NO Yes 2 No If Yes, Give 1959. 1 ☐ Never Married 2 🗓 Married 1 Yes 2√ No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced WHITE 1965 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) BALTIMORE COUNTY GOV. ENGINEERING ASSOC. III 2 YEARS 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) RAYMOND J. HUBER EDITH JOSEPHINE HORNICK 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) BALTIMORE, MD ELIZABETH L. HUBER WIFE 1386 DEANWOOD ROAD 21234 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriel 2012 Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) CATONSVILLE, MD METRO CREMATORY, INC. 7/1/97 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility JOHNSON FUNERAL HOME 8521 LOCH RAVEN BLVD. OW TOWSON, MD 21286 enter the mode of dying, such as cerdiac or respiretory errest, 23e. Pert1. Enter the disease, or complications that caused the death shock, or heart failure. List only one cause on each line. Interval Between Onset end Deeth Immediate Cause (Final disease or condition resulting In deeth) Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequença of) Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 | 100 3 Probably 4 Unknown 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? 24e. Wes en eutopsy performed? 1 Yes 200 No

Physiclan /Medical Examiner

Physician

/Medical

Examiner

10e. Stete

Director

Funeral

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Be

Funeral

Director

Show

d other than "natural", or items 23a or 28a-f sho event, the Medical Examiner must be notified at

with the Marylend

deeth v

filed within 72 hours after

al Hygiene.

permit. Pages 1 and 2 should be file Department of Heelth and Mental Hy Important: If Item 27 is marked oth eny Injury or other traumstic event

altimore. Maryland 21215-0020

P.O.

Records,

Division of Vital

апр signed by the a peen certificate

this funeral i or Attending P effer deeth. Director: After t filled in by 24 hours e Funerel D

To the I within 2

pletely

Examiner Physician/Medical p Completed Be 2

Certification:

Medical

25. Was cese referred to medical exeminer?

1□ Yes 2 27. Menner of Beeth 5 Pending 2 Accident

29a. Certifier

(Check only one)

3 ☐ Suicide 4 - Homicide

29b. Signetury and title of certifier

Weiner

Investigation 6 Could not be determined

28e. Dete of Injury (Month, Dey Year)

1 Inpatient

28e. Place of Injury - At home, ferm, street, fectory, offica building, etc. (Specify)

28b. Time of

2 ER/Outpetient 3□ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 1 Yes 2 No

Certifying Phyelclan: To the best of my knowledge, death occurred et the time, date end plece, end due to the cause(s) and menner es stated.

To the best of my knowledge, death occurred at the limite, value and piece, and due to the cause(s) and members are the limite, value and piece, and due to the cause(s) and members are the limited and piece, and due to the cause(s) and members are the limited and piece, and due to the cause(s) and members are the limited and members are the limited and piece, and due to the cause(s) and members are the limited and piece, and due to the cause(s) and members are the limited and piece, and due to the cause(s) and members are the limited and piece, and due to the cause(s) and members are the limited and piece, and due to the cause(s) and members are the limited and piece, and due to the cause(s) and members are the limited and piece, and due to the cause(s) and members are the limited and piece, and due to the cause(s) and members are the limited and piece, and due to the cause (s) and members are the limited and piece, and due to the cause (s) and members are the limited and piece, and due to the cause (s) and members are the limited and piece, and due to the cause (s) and members are the limited and piece, and due to the cause (s) and members are the limited and piece, and due to the cause (s) and members are the limited and piece, and due to the cause (s) and limited and piece, and due to the cause (s) and limited and

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

28d. Describe how injury occurred

26. Place of Deeth (Check only one)

29c. License number

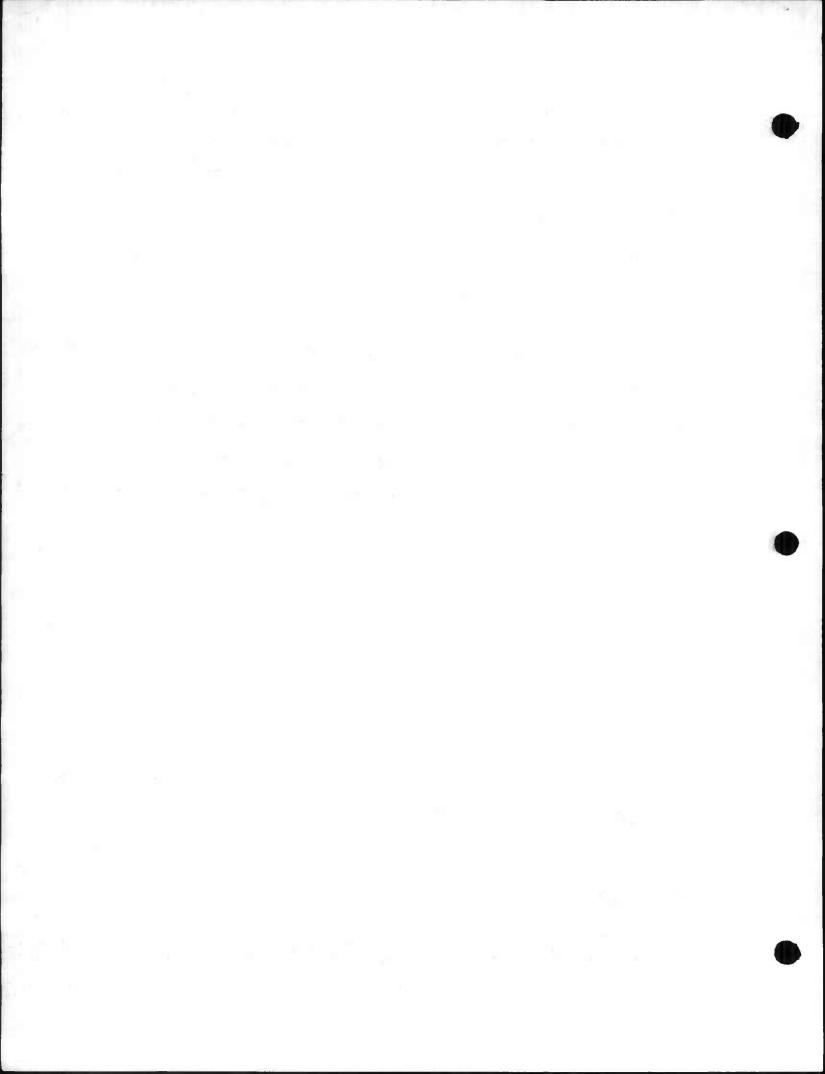
29d. Date signed (Month, Dey, Year)

30. Neme and add no completed ceuse of deeth (Item 23e) (Type, Print)

Suite 201

State Registrar 31. Dete filed (Month, Day, Year) JUL 0 3 1997





Baltimore, Maryland 21215-0020

Physiclar /Medica Examine

Funeral Director

permit. Peges 1 end 2 should be filed within 72 hours after death with the Maryland Department of Health end Mental Hygiene. Important: If Item 27 is merked other than "natural", or Items 23a or 28a-f show eny injury or other treumstic event, the Medical Examine must be purified at once.

Physician /Medical Examiner

use as the burial-transit ficate be axecuted

Bex 68760,

Division of Vital Records, Bo.

To the Hospital or Attending Physician: The lew requires the within 24 hours effar death.

To the Funeral Director: After this certificate has been signed completely filled in by the funeral director, page 2 should be as

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

1. Decedent's Name (First, Middle, La	ist)					2. Dete of Deet		100	3. Time of Death	
Myrtle	V.	Holm	es			JUNE	30 I	9 9 7	#:50 AM	
4a. Fecility Neme (If not institution, given	ve street end numb	er)			4b. City, Town, or L	ocation of Deeth	4c. County			
GREATER BALTIMO	ORE MED	ICAL (CENTER	3	TOWSON		BALT	IMORE		
5. Sociel Security Number 8. 5	Sex 7.	Age (In yrs.		If Under 1 Year	If Under 24 Hrs.	8. Dete of Birth			thplece (Stete or Foreig	
705-05-3102	1 M 2 F	96	Yrs.	Months Deys	Hours Min.	July 13,	Year)	County	and	
Usuel Residence of Decedent								4		
10e. Stete 10b. County		10c. City	y, Town or Loc	ation				10d	. Inside City Limit	
Maryland Baltim	ore	To	wson						1 ☐ Yes 2 ☐N	
10e. Street end Number		*		10f. Zip Code		1	0g. Citizen of	Whet Country	7	
615 Chestnut	Ave.			2120	4		U.S	.A.		
11. Meritel Status	12. Wes Decade Armed Force	ent Ever in U.	S. 13. W	as Decadent of H	lispenic Origin? (Sp en, Mexican, Puerto	ecify Yes or No-		ca - American		
1 Never Merried 2 Married	1 Yes 21	es≀ ☑ No				Rican, etc.)	Bla	ck, White, etc	2.	
3 ☐ Widowed 4 ☐ Divorcad	Yeer or Dete	os:	1	☐ Yes 2√√ No	Specify:		Specif	y: Wh	ite	
15. Decadent's E	ducation		16e. Deced	ent's Usuel Occup	pation		16b. Kind of B	usiness/Indu	stry	
(Specify only highest gra Elementery/Secondery (0-12)	Coilege (1-4	or 5+)	life. D	ond of work done O NOT use retire	during most of work d)	NIII Y				
10 yrs.			Clerk				B & O	Railro	ad	
17. Fether's Neme (First, Middle, Last,)				18. Mother's Nem	e (First, Middle, M	Aeiden Surner	ne)		
William Taylor	Holme	S			Jennie		Keil			
19e. Informent's Neme/Reletionship (Type, Print)		19b. Meliing	Address (Street	and Number or Rui	ral Route Number	City or Town	Stete, Zip C	ode)	
Pickersgill Home			615 (Chestnut	Ave. T	owson, M	larvlan	d 2120	4	
20e. Method of Disposition			lace of Dispos	Ition (Neme of etory or other ple	nal	Dete	20c. Location	City or Town	, Stete	
1 XBuriel 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif		10		Cemetery		/97 E	altimo	re. Ma	ryland	
23a. Pert1. Enter the disease or com- shock, or heart tailure. List only immediate Cause (Finel disease or condition resulting in death)	one cause op byd	rju	reto		laila Fe			. In	pproximate terval Setween nset and Death	
	0.	Jule to (or	as a consequ	O a	1 7	. /				
	b	- cul	es e consequ		Ar	un				
Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying	-	O 4		ence or):				- 1		
thet initiated events	c	Due to /or	es a consequ	anna off-				-		
resulting in deeth) Lest		10) 01 600	es a consequ	erica orj.				1		
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•	ominating to could	100111011000	itting iii (iio ait	orry mg cause gre	on in rotti.		s 2 No	3 Probet		
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						24e. Wes en		evalle	eutopsy findings ble prior to letion of cause ath?	
						1 ☐ Ye	s 2 No	1 🗆 Y	es 2000	
25. Wes case referred to medical					26. Plece of Deet				7.	
exeminer? 1 \(\sum \text{ Yes} \) 2 \(\sum \text{ No} \)	Hospitel: 1 Mape	atient 2 🗆 E	ER/Outpetient	3□ DOA Oth	or.	ome 5 Reside		er (Specify)		
27. Menner of Deeth	28e. Dete of Ir	njury	28b. Time of	28c. injur Wor		28d. Describe ho				
1 Staturel 5 Pending		Dey Year)	Injury		Yes 2 □ No					
2 ☐ Accident investigation	9 00- 01	Injuny - At hor	me, ferm, stree	et, fectory, office		28f. Location (Str		per or Rural R	oute Number.	
2 Accident investigation 3 Sulcide 6 Could not be determined	286. PIECE OF	etc. (Specify))			City or Town	, Stete)			

State Registrar 31. Dete filed (Month, Day, Yeer)

JUL 0 3 1997

30. Name and address of person who completed cause of death (Kem 23e) (Type, Print) 32. Jistrer's Signeture

Signature Randelle

ANTHONY RICEY M.D

promouncing mo

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Ollie Hamilton June 30, Otis **Physiclan** 1:05 AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Dundalk Baltimore 7417 St. Patricia Court 5. Social Sacurity Numbar If Undar 1 Yaar 8. Dale of Birth (Month, Day, Year) May 14, 1942 7. Age (In yrs. last birthday) Birthplaca (Stata or Foraign
Country) **Funeral** 1 X M 2 □ F Months Days Hours Yrs 217-38-6479 55 Director Maryland Usual Residence of Deceden with the Maryland 10a State 10b Counts 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at Dundalb Baltimore Maryland 1 Yes 2√ No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21222 United States 7417 St. Patricia Court death 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxicen, Puerto Rican, etc.) permit. Peges 1 end 2 should be filed within 72 hours aftar of Department of Health end Mental Hygiena. Important: If Item 27 Ia marked other than "natural", or iten any injury or other traumatic event, the Medical Examinat once. 1 ☐ Yes 2 X X Io If Yes, Giva Year or Dates: 1 Navar Married 2 Narried 1 ☐ Yes 2/OXNo Specify: by White 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Years Case Maker Book Bindery 17. Father's Name (First, Middle, Last) 18. Mother'a Name (First, Middle, Maiden Surname) Be Gladys M. Richardson Albert Hamilton 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mrs. Diane M. Hamilton/Wife 7417 St. Patricia Court Dundalk, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Holy Rosary Cemetery 7/3/1997 Dundalk, Maryland 21. Signature of Funeral Sarvice Licensae 22. Nama and Address of Facility Johnney L. Sells Duda-Ruck Funeral Home of Dundalk, Inc. 23a. Panh. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, sheck, or heart foliure. List only one cause on each line. Approximate Interval Batwaen Onset and Daath **Physician** /Medical Immediate Causa (Final . Metastatic Colon Cancer disaasa or condition resulting in death) Examiner Examiner tha death certificate be axecuted physicien and s the burief-trans Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Physiclan/Medical Due to (or as a consequence of): 8 for usa as ed by the e Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by Mellitus - Type II 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to completion of causa of death? Completed 24a. Was an autopsy peen The law i ficata has 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Was cese referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 9 1 Yas 20 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Deeth 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: 5 Pending investigation 1 Neturel 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) To the Hospital or All within 24 hours after d To the Funeral Direct completely filled in by I 4 Homicide 1 Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) and menner es steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. edicai 29a. Certifier

altimore, Maryland 21215-0020

Records, P.O. Box 68760

Division of Vital

rort 31. Data filed (Month, Day, Year)
JUL 0 3 1997

29b. Signature and title of certifier

Baltimore Registrar's Signature whi Davidson

30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print)

29c. License number

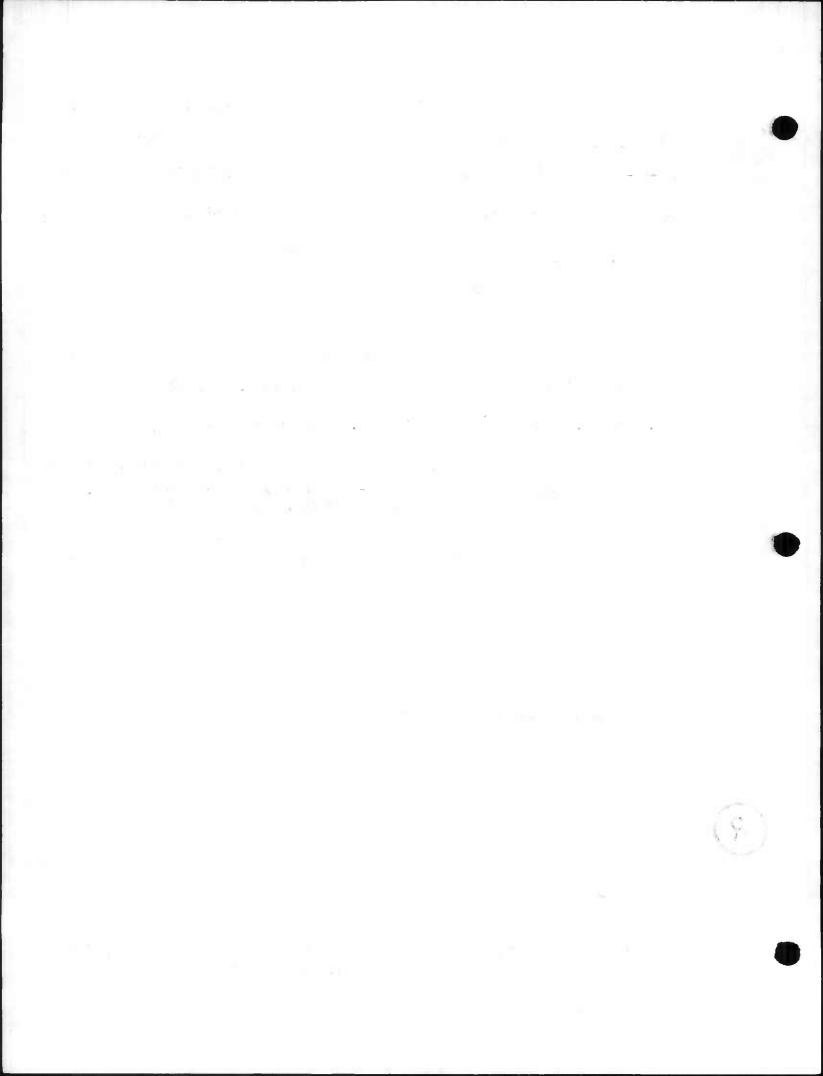
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Robert Dart

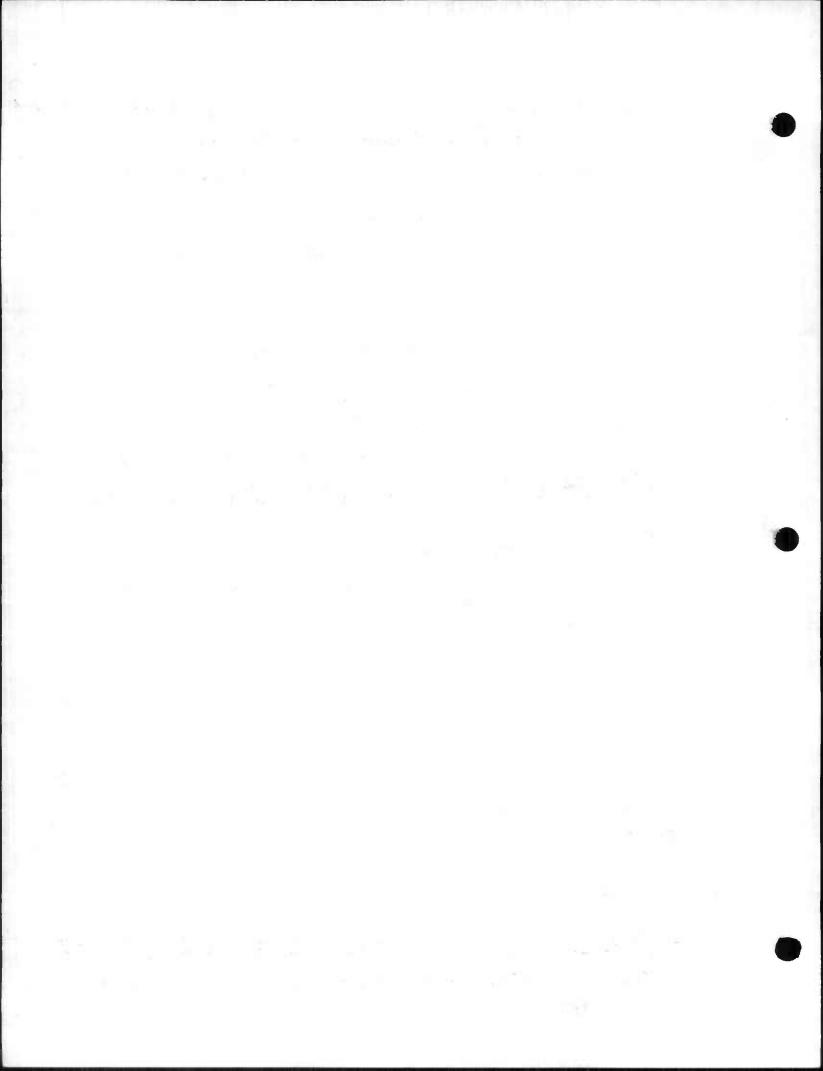
29d. Date signed (Month, Day, Year)

State Registrar



State of Maryland / Department of Health and Mental Hygiene 97 20104

						Certifica	ite of	Death	Bi	eg. No.		_010-	T
	Physic	ian	1. Decedent's Neme (First, Middle, Las	-					2. Date of Deet		Year	3. Time of Death	h
	/Medi		Walter E.	Johnson					July	1 1	997	04:27	A
7	Exami	ner	4a Facility Neme (If not institution, give	street end number)	1+	mor	e !	TO 11	r Location of Geath	4c. County	of Death		
	Funeral		370-20-000JA	ex		'rs. If Unc	ar 1 Yaar s Deys	if Under 24 Hr Hours Min			9. Birthpi Coun MI	lece (Stete or Fore try)	əign
	and **		Usuel Residence of Decedent 10e. Steta 10b. County	10c. Ci	ty, Town	or Location					10	0d. inside City Lim	nits
	he Marylan 18a-f show	Director	Maryland Baltimo	re	Tim	onium						1 □ Yes 2X0X	
	th with the 23a or 2		10e. Street end Number 103 Northwood Dri	ve		10f. 2	tip Code 210	93	10	Og. Citizen of '	Whet Coun	iry?	
020	72 hours efter death with the Manyand natural, or items 23a or 28a-f show dical Examiner must be notified at	by Funeral	11. Maritel Stetus 1 ☐ Never Married 2 ☒ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Decedent Evar in L Armed Forces? 1 ☑ Yes 2 ☐ No If Yes, Giva Yeer or Dates: 1943.			edent of H ecify Cube 2	lispenic Origin? (en, Mexicen, Pue Specify:	Specify Yes or No- rto Ricen, etc.)		ce - America ck, White, o	etc.	
5-0	"natural".	ted	15. Decedent's Ed (Specify only highest great	ucetion de completed)	16e.	Decedent's Us	uel Occup	etion during most of w	orkina	16b. Kind of B	usiness/Ind	iustry	
21215-0020	within ene. than	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)	3	life. DO NOT	use retired	d)	epresentat	ive	Banki	no	
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an	d 2 should th end Men 7 Is marka traumatic	-	19e. Informent's Name/Reletionship (7	ype, Print)	19b.	Mailing Addre	ss (Street	end Number or F	Rural Route Number,	City or Town	State, Zip	Code)	
	P = 12		Bettye R. Johnson	/Wife	10	3 North	wood	Drive,	Timonium,	MD 2	1093		
altimore,	of of		20e. Method of Disposition 1 ☐ Burial 2 ☒ Cremetion 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	nemover from State		Disposition (No. cremetory of				20c. Location			
Baltii	permit. Peg Depertment Important: if any Injury o		21. Signetyre of Funerel Service Licans		LIOI	22. Name	end Addra	service ss of Facility neral Ho	7/1/97 I	ampste	ead, M	laryland	
	00200		Victor Lengra: 23a. Pertl. Enter the disease, or compshook, or heart failure. List only of			10 W.	Pad	onia Roa	d. Timoni	um. MD	210	93	
x 68760,	antificate be executed and aling physician end se es the burial-transit	/Medical Examiner	disease or condition resulting in deeth) Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest	c		onsequence of):	utive F	Pulmona	7 Di	secco		
Bo	attend for us	clan									İ		
P.O.	0 0 0	Physician	Part II. Other significant conditions co	entributing to death but not res	ulting in	the underlying	ceuse giv	en in Pert I.				the cause of deal	
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Records,	2 S S	Completed							perform		eve	elleble prior to npletion of ceuse deeth?	
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Vital	lclan: Th certificate rector, pe	Be	25. Wes case referred to medical exeminer?	Hospitel:			Oth		eth (Check only one	э)			
ō	this aldi	- To	1 ☐ Yes 2 No 27. Menner of Deeth	28a. Date of Injury	ER/Out			4 LI Nursing	Home 5 Reside)	
Division	Jing After fune	ertification:	Naturel 5 Pending investigation	(Month, Dey Yeer)		jury M	28c. Injur Wor 1 🗆	k? Yes 2 □ No	28d. Describe ho	w injury occur	100		
Divis		Certific	3 Suicide 6 Could not be 4 Homlcide determined	28a. Place of Injury - At h building, etc. (Specif	ome, feri 'y)	n, street, facto	ery, office		28f. Location (Str City or Town		oer or Rure	Route Number,	9
	To the Hospital or within 24 hours efter To the Funeral Dir completely filled in	edical (29a. Certifier (Check only one) 1 CertifyIng Phy	rsician: To the best of my knowiner: On the basis of examination and menner steted.	wledge, tion and	deeth occurre or Investigetion	d et the tin	ne, date end plac pinion, daath occ	e, end dua to the ce curred et the time, da	use(s) end mo ite end plece,	enner as sto end due to	eted. the ceuse(s)	
	To the To the Comple	₩ E	29b. Signature and title of certifier			2	9c. Licens	a number	29	d. Data signe	d (Month, L	Day, Year)	
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	3		30. Neme end eddress of person who co	ompleted cause of deeth (Iter	n 23a) (1	ype, Print)	1	R	14.	no	2121	5	
1	Sta	ite	31. Date filed (Month, Day, Year)	32 Registrac's Signs	DQ [resore	Tre	nuc, Do	(T) more,		4141		



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death Month Mary Elizabeth Jeffery

Physician /Medical **Examiner Funeral** Director the Marylend show "neturel", or items 23s or 28s-f show Director Funeral death 21215-0020 þ Baltimore, Maryland

Pages 1 end 2 should be filed within 72 hours efter anent of Heelth and Mental Hygiene.
Int: If Item 27 Is marked other than "neturel", or Item into or other traumatic event, The Medical Entering in yor other traumatic event, The Medical Entering. Department of Important: If any injury or once.

Physician /Medical Examiner

should be d page 2 certificate funerel director. After this

P.O.

Division of Vital Records,

or Attending Physicien: 24 hours after death. Funeral Director: A Hospital To the Vithin 2

June 30 1997 5:50 AM 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth 3704 Vega Rd. Randallstown Baltimore 8. Dete of Birth (Month, Day, May 16, 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 9. Birthplece (Stete or Foreign County) Maryland 7. Age (In yrs. lest birthday) ^Y1912 1□M 2X F Deys Hours 212-16-8355 85 Yrs. Usual Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. fnside City Limits Baltimore Maryland Towson 1 ☐ Yes 2XNo 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21286 United States 1311 Aintree Rd. Was Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, Bleck, White, etc. 11. Maritel Status 1 Never Married 2 Married 1 ☐ Yes 2 X No Specify: Specify: White 3 X Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Klnd of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Executive Secretary Insurance 17. Father's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Sumeme) Mary Elizabeth McCuen William H. Marshall 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mary Louise Reed/cousin 3704 Vega Rd. Randallstown, MD 21133 20e. Method of Disposition

1 X Suriel 2 Cremetion 3 Removel from State 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete 7/2/97 Baltimore, Maryland Loudon Park Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licenses 22. Name end Address of Fecility Mitchell-Wiedefeld Home, Inc. 6500 York Rd. Baltimore, MD 21212 40.1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, sock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Death Immediete Ceuse (Finel disease or condition resulting in deeth) Recurrent post obstructive pneumonia 6 months Due to (or es e consequence of): Examiner Chronic lymphocytic leukemia 12 yrs Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of): Physician/Medicai Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 Unknown 1 ☐ Yes 2XX No Ischemic cardiomyopathy (s/p CABG 1990) Ď 24b. Were eutopsy findings evellable prior to completion of cause of deeth? 24a. Wes en eutopsy performed? Completed Cerebrovascular accident with (1) hemiplegia 1 ☐ Yes 2XXNo 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 Pesidence 6 ☐ Other (Specify) Certification: To 1 Yes 2 No 27. Manner of Death 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 D Homicide Certifying Phyeician: To the best of my knowledge, deeth occurred at the time, date and piece, and due to the cause(s) and manner as stated. 29a. Certifier Medical (Check only one) 2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated.

29c. License number

#509

D12399

5565 Na Charles St.

29d. Date signed (Month, Day, Year)

July 1, 1997

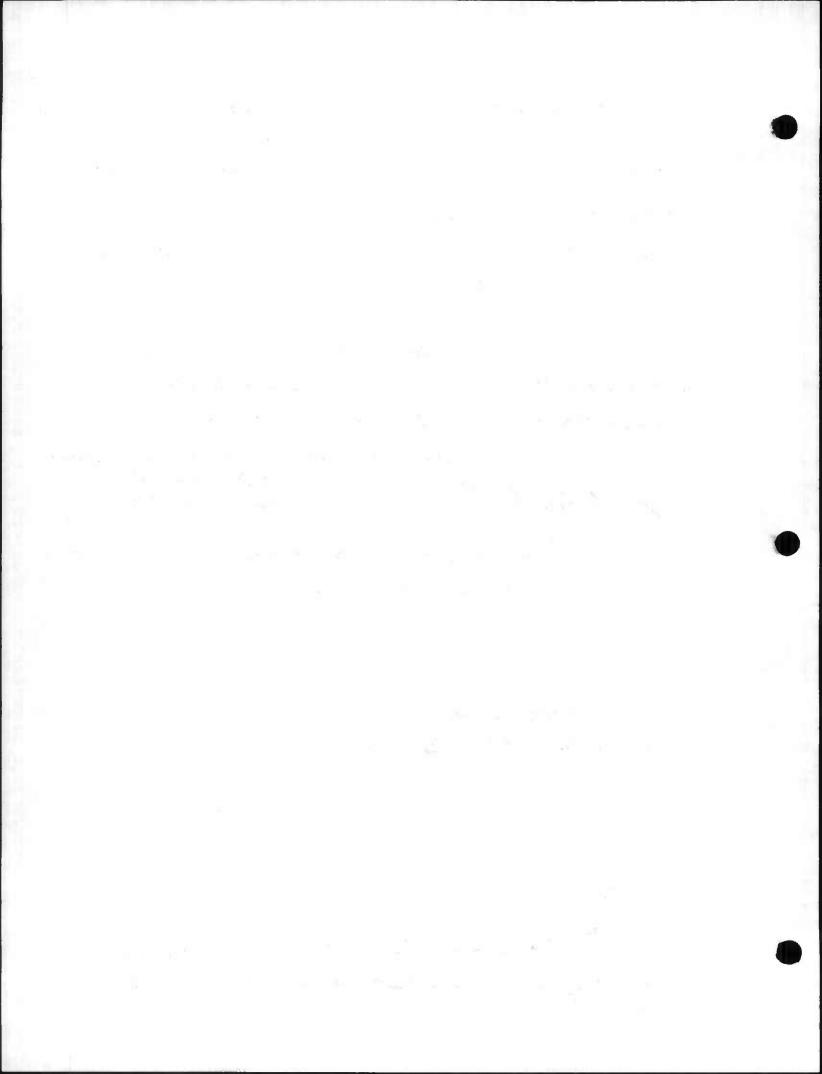
Baltimore, MD

State Registrar

29b. Signeture and title of corpline

Charles O'Donovan

30. Neme end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)



					State	of Ma	arylan	nd / De	epartmer	nt of	Health a	and N	lental Hy	giene	e			
								(Certificat	te o	f Death			Reg. No	0.	37	201	
	Physiciar /Medica		1. Decedent's Na Jame		_{dle, Last)} ton Johnso	on							2. Date of De Month July 1	De	997	Year	3. Time of De 12:40	
	Examine	1	4a. Fecility Name 5826 Bl		ion, give street end n	um <i>ber)</i>					4b. City, To		ocation of Deat	h 4c	County o			
	Funeral Director		5. Social Security 216–88–	Number 6753	6. Sex 12€ M 2□ F	7. Ag	96 (In yrs. 35	lest birth	Months	Day	r If Under		8. Date of Bir (Month, De 4/26/1	th by, Yeer 962		Birthplace (State or F Country) MD.		
Maryland	28a-f show notified at		Usual Residence 10a. State MD •	10b. Coun HOWa	· _			y, Town o	or Location							1	10d. Inside City L	
th with the	23a or 28 ust be not	dielai Diecto	10e. Street and N 5826 Blu							p Code 10g. Citizen of U.S.A						of What Country?		
1215-0020 within 72 hours after death with the Maryland	, and	2		rried 2 □X Ma 4 □ Divorce	Armed F 1 Tes If Yes, G	Vas Decedent Ever in U,S. \text{Armed Forces?} ☐ Yes 2X No Yes, Give /ear or Dales:			13. Was Decedent of Hispanic Origin? (Specify Yent Yes, specify Cuban, Mexican, Puerto Rican, end of Yes 2√2 No Specify:									
21215-0020 d within 72 hours af	n "natural", fedical Exu	Completed		15. Decede		(6	ecedent's Usu Give kind of wo ife. DO NOT u	one during most of working			16b. Kind of Business			dustry				
d 212 filed with	Hygiene. ther than ant, the M	5	Elementary/Se	condary (0-12	College	(1-4or 5	o+)	pr	oduce r	nana	ager			Giant Supermarke			markets	
Maryland d 2 should be file	d off	2	17. Father's Nam John						18. Mother		e (First, Middle, Fallin)		n Sumeme)				
	ls ls	2	John Johnson 19a. Informant's Name/Relationship (Type, Print) Beth Johnson wife						19b. Malling Address (Street end Number or Rural Route Number, City or Town, State 5826 Blue Sky, Elkridge, Md. 21227							tete, Zip	Code)	
Pages	5 = 5		20a. Method of Disposition 1 □ Burial 2 □ Cremation 3 □ Removal from State							Disposition (Ne cremetory or o	me of other p	lece)		Date 7/2/97		ocation - C		
Balt permit.	Depertment Important: It any Injury o once.		21. Signature of	1	00	m)		22. Name ar	nd Add	ress of Fecili	y Home	s Inc		•	~ .	1045	
/ /I	ysician Medical		23a. Part 1. Ente shock, or he Immediate Caus disease or condi	e (Final	or complications the st only one cause on				Fas lu		ying, such es	cardiac	or respiratory a	rrest,			Approximate Interval Betwee Onset end Dea	

Melanoma - metastatic

Due to (or as a consequence of): + brasa.

Due to (or as a consequenca of):

28b. Time of

/Medical **Examiner**

certificate

Division of Vital Records, P.O. Box

Examiner Physician/Medical Completed by Be To

disease or condition resulting in death)

Medical Certification:

(1) State

To the Hospital or Attending Physician: within 24 hours effer deeth.

To the Funeral Director: After this certifica completely filled in by the funeral director, I

Registrar

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

25. Was case referred to medical examiner?
1 ☐ Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Dey Year) 27. Manner of Death 1 Natural 5 Pending investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide TSI Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated. 29a. Certifier 29b. Signature and title of cartifier

Jon Winfind MD

OH PUNIC

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

29c. License number

030573

28c. Injury at Work?

1 ☐ Yes 2 ☐ No

29d. Date signed (Month, Dey, Year) 7-1-97

28f. Location (Street and Number or Rurel Route Number, City or Town, State)

12:40 am

Birthplace (State or Foreign Country)

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24b. Were eutopsy findings available prior to completion of cause of death?

1 ☐ Yes 20 No

Approximate Interval Between Onset end Death

10d. Inside City Limits 1 ☐ Yes 2 No

11065 Little Patoxent Parkway, Columbia ND 21044

to loss, midsastinon

24a. Was an autopsy performed?

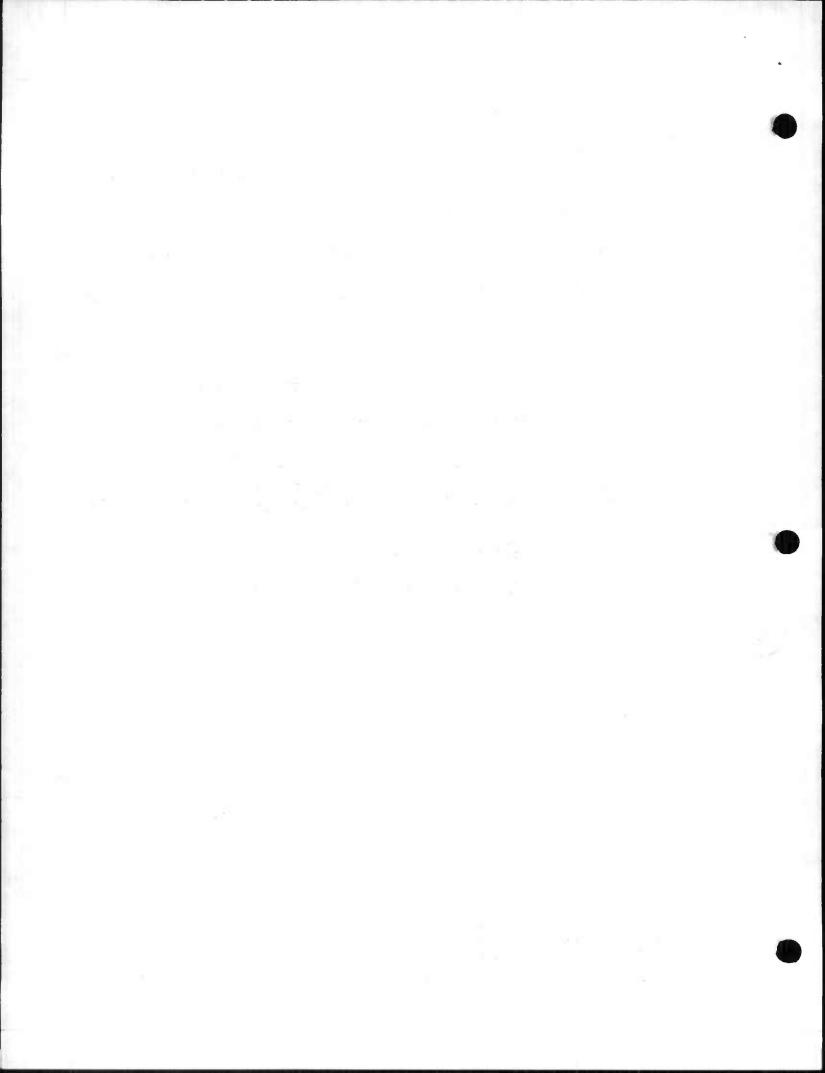
Other: 4 ☐ Nursing Home 5 Residence 6 ☐ Other (Specify)
Injury at 28d. Describe how injury occurred

26. Place of Death (Check only one)

1 ☐ Yes 2 2No

ac Hagistrar's Signature 31. Date filed (Month, Day, Year) JUL 0 3 1997

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death Month Day Vaar 4b. City, Town, or Location of Deeth LUCILLE S. KATENKAMP 1997 5:00 A.M. 4e. Facility Name (If not institution, giva street and number) 4c. County of Death Augsburg Lutheran Home Lochearn Baltimore If Under 24 Hrs. Hours Min. If Undar 1 Year Birthplace (State or Foreign Country) 5. Social Sacurity Number 6. Sax 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) Deys 1 □ M 2 ☑ F Yrs 100 214-40-7849 July 15, 1896 Maryland Usuel Residence of Decedent 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 ☐ Yas 2 ☑ No Maryland Baltimore Lochearn 10e. Street and Numbar 10f. Zip Coda 10g. Citizen of What Country? 6811 Campfield Rd. 21207 USA 12. Was Decedent Ever in U,S. Armed Forcas? 14. Race - Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puerto Rican, etc.) American Indian, Black, Whita, atc. 1 ☐ Yes 2 ☑ No If Yas, Giva Yaar or Datas: 1 □ Naver Married 2 □ Married 1 ☐ Yes 2 No Specify: 3 ☑ Widowed 4 ☐ Divorced White 15. Decedant's Education (Specify only highast grada completed) 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT use retired) 16b. Kind of Businass/Industry Baltimore City Elamantary/Sacondary (0-12) Collega (1-4or 5+) 12 years + years Teacher Public Schools 17. Fethar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surnama) George Schamberger Anna Mueller 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) (Daughter) Ann Schumaker 21545 S. Essex Dr. Lexington Park, MD 20b. Place of Disposition (Nama of cematary, cramatory or other pleca) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Date 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 Donation 5 Other (Specify) Woodlawn Cemetery 7-5-97 Woodlawn, Maryland of Funaral Service Licensas 22. Nama and Addrass of Facility Loring Byers Funeral Directors, Inc. 8728 Liberty Rd. Randallstown, MD 21133 En er the disaasa, or complications thet caused the daath. Do not antar the mode of dying, such es cardiec or raspiratory arrast, in haart failure. List only one cause on each line. Approximete Interval Batwaan Onsat and Deeth Immediata Causa (Final diseasa or condition rasulting in death) · ACUTE CORONARY THROMBOSIS 24 Honns Dua to (or es e consequance of) Sequantially list conditions, if any, leading to immadiate ceuse. Entar Undarlying Causa (Disaasa or injury thet initieted avents rasulting in daath) Lest Dua to (or as a consequence of): Dua to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuss given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Whiknown DEHYDRATION 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an autopsy periormad? 2 No 1 Yas 1 Yas 2 No 26. Placa of Daath (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidence 8 Othar (Specify) 1 Yas 2 No 1 Inpatiant 2 ER/Outpetient 3 DOA 28d. Dascribe how injury occurred 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 5 Panding 1 ☐ Yas 2 ☐ No Investigation

Physician /Medical Examiner

Box 68760

Division of Vital Records, P.O.

Physician

/Medical

Examiner

Directo

Funerai

þ

Completed

Be

Funeral

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Modical Examiner mant to northod at

permit. Pages 1 and 2 should be filed within 72 hours after c. Department of Health and Mental Hygiens. Important: if item 27 is marked other than "natural", or then any injury or other traumatic event, the Mental once.

the Maryland

with

death

Examiner Physician/Medical the 88 þ Completed Be

2

Certification:

Medical

sician and burial-transit physician certificate has To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director,

GLANCOMA

25. Was cesa raferred to medical axaminar?

27. Manner of Deeth

6 Could not be detarminad 4 D Homicide 29a. Cartifiar 1🗹 Cartifying Physician: To tha bast of my knowledga, death occurred et the time, date and place, end due to tha causa(s) and mannar as steted.

2 Accidant

3 Suicida

(Check only one)

2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) end menner stated. 29b. Signature and title of certifiar

29d. Date signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

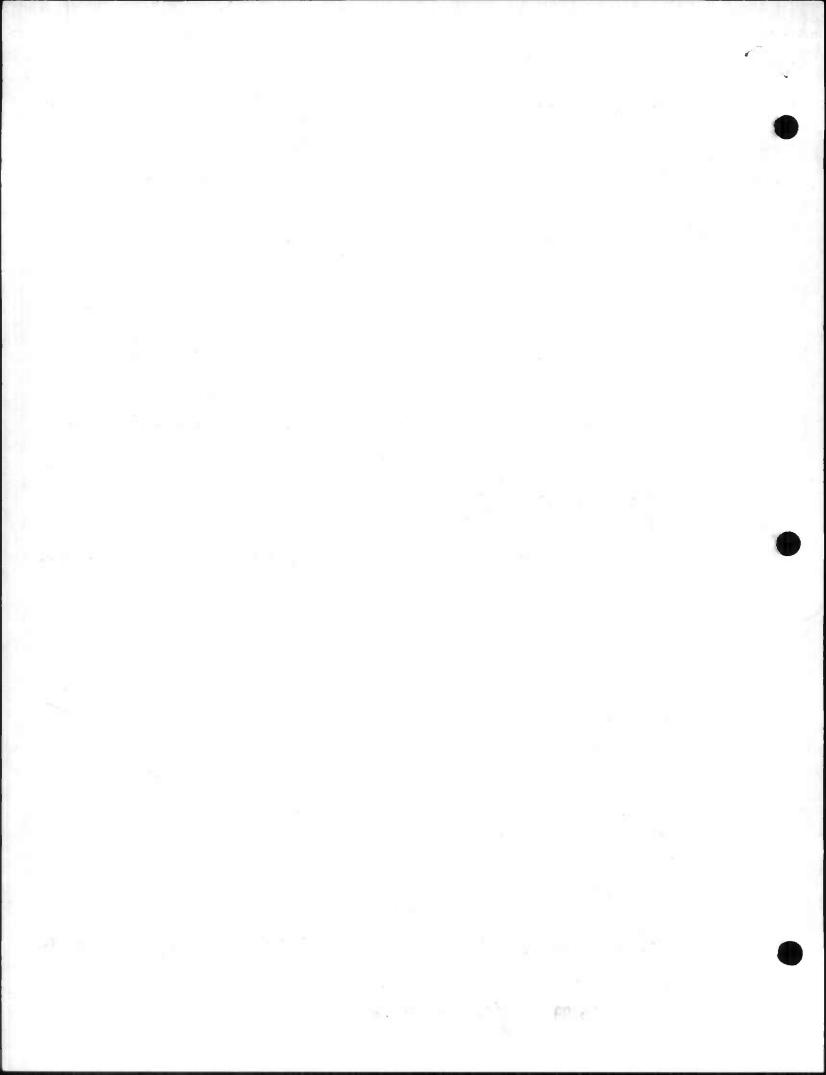
30. Nama and addrass of person who complated ceusa of death (Itam 23a) (Type, Print)

Deborah I. Pierce 31. Data filed (Month, Day, Year) JUN 2 6 1997

7220 Park Heights Ave. Baltimore, MD 32. Registrar's Signatura his Davidson

28a. Place of Injury - At homa, farm, straat, factory, offica building, atc. (Spacify)

State Registrar

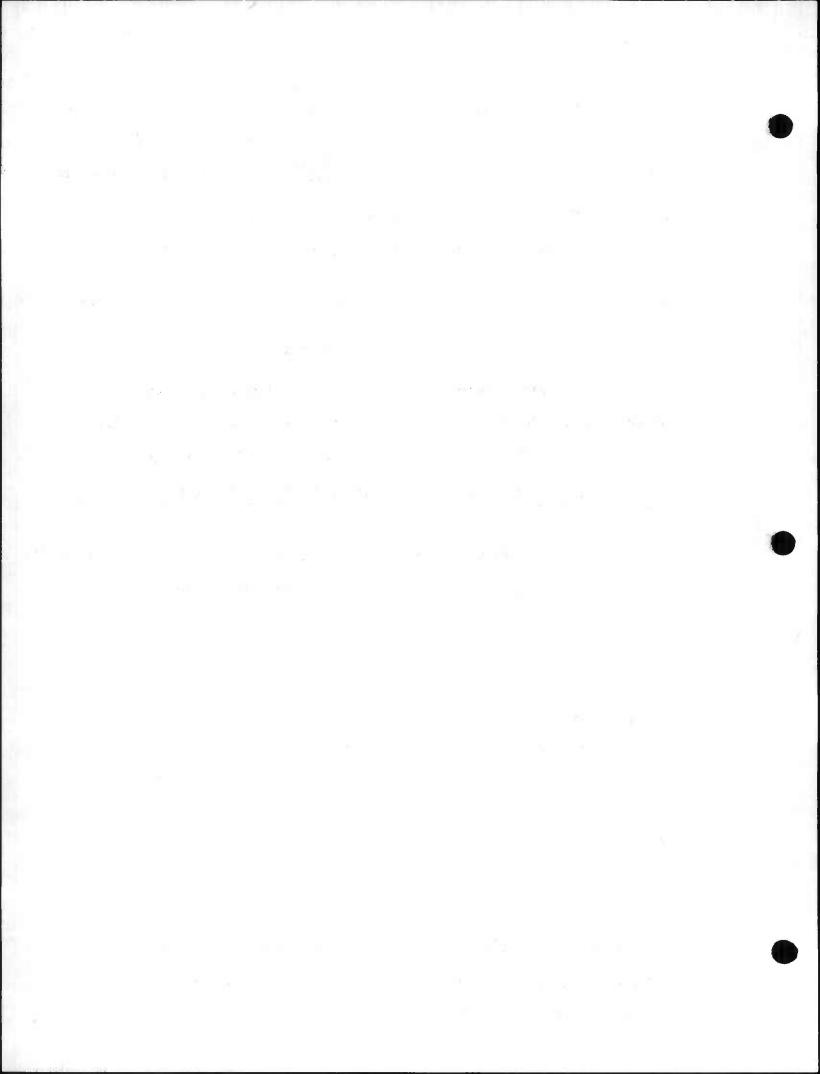


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Day **Physician** Dorothy M. Kenny July 1, 1997 8pm /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Long Green Center Baltimore Hours Min. 8. Date of Birth (Month, Day, Year) Oct 17, 15 5. Social Security Number 7. Age (In yrs. lest birthday) If Under 1 Year 9. Birthplece (State or Foreign Country) New Jersey **Funeral** 1□ M 21 F Months Deys 83 104-52-7054 Director Usual Residence of Decedent the Maryland 10b. County 10c. City. Town or Location 7 is marked other than "natural", or flems 23a or 28a-f show traumatic event, the Medical Examiner maint be notified at 10d. Inside City Limits 1 Yes 2 □ No Director Maryland N/A Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 500 West University Parkway 21210 U.S.A death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Ricen, etc.) 11. Marital Status 14. Race - American Indien. Bleck, White, etc. hours after 1 Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give 6 Baltimore, Maryland 21215-0020 1 Yes 2√ No Specify: Specify: White by 3 Widowed 4 □ Divorced Yeer or Dates: Completed filed within 72 h Hygiene. other than "natu 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Home Maker Own Home 10 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) permit. Peges 1 and 2 should be filt Department of Health and Mentel th important: if item Z7 is marked oth any injury or other traumatic even ang injury or other traumatic even page. Be 2 William Bedford Ellsie Broughton 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Terrence Kenny (Son) 3809 Conduit Avenue, Baltimore, Md 21211 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition 20c. Locetion - City or Town, Stete 1 Buriel 2X Cremetion 3 Removel from State 4 Donation 5 Other (Specify) Green Mount Cemetery Jul 3, '97 Baltimore, Md 21. Signeture of Funerel Service Licensee 22. Name end Address of Facility A. Alan Seitz, Jr. Funeral Home 3818 Roland Avenue, Baltimore, Md. Last 21211 23a. Pert1. Enter the disease, or complications that daused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or heart failure. List only one ceuse on pact line. Approximate intervel Between Onset end Deeth **Physician** Immediate Ceuse (Final disease or condition resulting in deeth) /Medical Examiner Examiner Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or injury lhel initieted events resulting in deeth) Lest Physician/Medicai Due to (or es e consequence of) Records, P.O. Box Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 252No 3 Probably 4 Unknown þ perphial vascular deseare 24b. Were eutopsy findings evelleble prior to completion of ceuse of deeth? 24e. Wes en eutopsy Completed performed? 1 Yes 2 No 1 Yes 2 No Division of Vital Be 25. Wes cese referred to medicel exeminer? 26. Place of Deeth (Check only one) Other: 4 Jursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpetient 3 DOA this To the Hospital or Attanding Pl within 24 hours efter death. To the Funeral Director: After th completely filled in by the funera 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Yeer) 28c. Injury et Work? Certification: 28b. Time of 28d. Describe how injury occurred After 1 Neturel 5 Pending Investigation 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 Homicide 15 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date end place, end due to the cause(s) and menner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29e. Certifier (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 10 well 7 Warlen or 0 D26394 2/97 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) Donald T. Weglein, MD, 220 West Cold Spring La, Baltimore, Md 21210 31. Date filed (Month, Day, Yeer) JUL 0 3 1997 Registrar

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2 Date of Death 3. Time of Deeth **Physician** Martha Ruth 1997 JULY 4:47AM /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner BAPTIST HOME (PARK HEIGHTS AVENUE) BALTIMORE 5. Social Security Number 7. Age (In yrs. lest birthdey) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) Funeral 9. Birthplece (Stete or Foreign Deys 1 □ M 2 🖾 F Months Hours 216-07-4712 Director 1904 MARYLAND 13, Usuel Residence of Decedent the Maryland 10e. State 10b. County 10c. City. Town or Location 10d. Inside City Limits must be notified at Director 1 ☐ Yes 2√☐ No MD BALTIMORE BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 1613 SULPHUR SPRING ROAD 21227 U.S.A. Funeral Home ? 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ② No If Yes, Give Year or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Rece - American Indien, Bleck, White, etc. filed within 72 hours after 1 Never Married 2 ☐ Married 21215-0020 ò 1 ☐ Yes 2 No Specify: þ Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced natural', Completed 16e. Decedent's Usual Occupetion
(Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry than Elementery/Secondery (0-12) College (1-4or 5+) Hygiena. OPERATOR WESTERN UNION 8TH GRADE .. Pages 1 and 2 should be filed w tment of Health and Mental Hygie tant: If Itam 27 Is marked other th jury or other traumatic event, m Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) Be 18. Mother's Name (First, Middle, Meiden Sumame) JOHN H. KUHN MINNIE FOURTH SOMMERS 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) ANITA KUHN (NIECE) 1613 SULPHUR SPRING ROAD - BALTIMORE, MD 21227 20b. Place of Disposition (Neme of cemetery, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 XBurial 2 Cremetion 3 Removel from Stete Department of Important: If any injury or once. LOUDON PARK CEMETERY 7/3/97 BALTIMORE 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Eunera Service Licensee 22. Name end Address of Fecility HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE-BALTIMORE, MD 21229 23a. Pert r. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel diseese or condition resulting in death) Examiner Due to (or es e consequence of) Physician/Medical Examiner Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Cause (Diseese or injury thet initiated events resulting in death) Last Due to (or es e consequenca of) Due to (or es e consequence of): Division of Vital Records, P.O. Box The law requires that the death Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 5 1 Yes 2 No 3 Probably 4 Unknown should be det þ 24b. Were autopsy findings evalleble prior to completion of ceuse of deeth? Completed 24e. Wes en eutopsy performed? this cartificata 1 Yes Attending Physician: Be 25. Was case referred to medical 26. Piece of Death (Check only one) 1 Yes 2000 Other: Nursing Home 5 Residence 6 Other (Specify) ٩ 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA spital or Attending Phys nours after death. neral Director: After this y filled in by tha funeral di Manner of Deeth Dete of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred Naturel 5 Pending investigation € Accident 1 ☐ Yes 2 ☐ No 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 Homicide To the Hospital o within 24 hours aft To the Funeral Di completely filled in 15 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es stated.
2 Medical Exeminer: On the best of examination end/or investigation, in my opinion, death occurred et the time, date end place, end due to the cause(s) and menner stated. 29e. Certifier Medical 29b. Signeture and title of certifier 29d. Date signed (Month, Day, Year) k. License number 30. Name end eddress of person who completed cause of death (Item 23e) (Type, Prior) (1) 6717 Park Heights Ave, Baltimore, MD Dr. Howard B. Cohen 31. Dete filed (Month, Day, Year) State JUL 0 3 1997 Registrar

DHMH 16 Ray 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Date of Death illiam & Keller JR Month 07 DZ 0510 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death BAltimore University 5. Social Security Number Hospital BAltimore City MANYLAND 7. Aga (In yrs. last birthday) 45 Yrs. If Undar 24 Hrs. 9. Birthplace (Stata or F raign Country) 8. Date of Birth (Month, Day, Year) 6. Sex 171.44-943 12M 2□F PENNSYLVANIA Usual Residence of Decedent 10c. City, Town or Location 10d. Insida City Limits WRightsTown BURLINGTON 1 Yas 2 HO 10e. Street and Number 10g. Citizan of What Country? PAULSON KOAd 14. Race - Amarican Indian, Black, Whita, etc. 11. Marital Status 12. Was Dacedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 Navar Married 2 Married 1 Yes 2 No If Yas, Giva Yaar or Dates: 1 Yas 2 No 3 ☐ Widowad 4 ☐ Divorced Specity: White 16e. Decedant's Usuai Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elamentary/Secondary (0-12) College (1-4or 5+) CARPENTER NA CARPENTA 10 17. Fether's Nema (First, Middla, Last) William F. Keller 19a. tnformant's Name/Relationship (Type, Pnnt) WRightsTown 08562 20a. Mathod of Disposition 20b. Plece of Disposition (Name of cematary, cramatory or other place) 20c. Location - City or Town, Stata 1 Burial 2 Cramation 3 Removal from Stata Philadelphia CREAMTORIES 4 ☐ Donation 5 ☐ Othar (Specify) 22. Name and Addrass of Facility N. DA BROWSK! 21. Signature of Funeral Service Lio 1005 DundAlk art1. Entar the disaasa, or complications that caused tha death. Do not antar tha mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Ave. immediata Causa (Final 2 weeks disease or condition rasulting in daath) Sequentielly tist conditions, if any, laading to immadiata causa. Enter Undarlying Cousa (Diseasa or injury that initiated events rasulting in daath) Last Dua to (or as a consequence of) 23b. Did tobacco use contribute to the cause of death? 3 Probably 4 ☐ Unknown

Physician /Medical Examiner

Physician

/Medical

Examiner

10a State

Funerai

Director

"naturel", or Items 23s or 28s-f show

traumatic event, the Medical

nt of Health e If item 27 is or other tra

Separtment Important: It any injury o

Pages 1 and 2 should be filed within 72 hours efter one of Health end Mental Hygiene.

Baltimore, Maryland

Director

by Funeral

Completed

P.O. Box 68760

Division of Vital Records.

To the Hospital or Attending Physician: The law requires that the death owithin 24 hours effer death.

To the Funeral Director: After this certificate has been signed by the attencompletely filled in by the funeral director, page 2 should be deteched for un

Physician/Medical Be Completed by Medical Certification: To

Part ii. Other significant conditions contributing to death but not resulting in the underlying causa given in Part f. 1 Yes 2 No 24b. Ware autopsy findings available prior to complation of causa of death? 24a. Was an autopsy performed? VAricies, Portal hypertension 1 ☐ Yes 2 ☐ No 25. Was casa rafarrad to medical axaminar?
1 Yas 2 No 26. Placa of Daath (Check only ona) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 27. Menner of Deeth 28c. fnjury at Work? 28d. Dascribe how injury occurred 28b. Time of 1 Natural 2 Accidant 5 Panding invastigation 1 Yas 2 No Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 Suicide 6 Could not be dataminad 28e. Place of injury - At homa, farm, streat, factory, offica building, atc. (Spacify) 4 Homicide 29a, Cartifian Cartifying Physician: To tha best of my knowledga, daath occurred at the time, dete end plece, end due to tha ceusa(s) end mannar as stetad.

2 Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and placa, and dua to tha ceuse(s) and mannar stated.

State Registrar

trass of person who complated causa of daath (item 23e) (Type, Print) DQUE M.O. 225. Greene St.

29c. License number

29d. Data signed (Month, Day, Year)

Registrar's Signatu

29b. Signetura and titla of cartifiar

nee Se s.

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedent's Neme (First, Middle, Lest) 2. Dete of Deeth 3 Time of Death Month

Physician /Medical **Examiner**

Box The law requires that the death 50 P.O. signed by the Records, page 2 this

29 June 1997 Margaret E. Kurrle 4e. Facility Neme (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Deeth 11630 Glen Arm Road Glen Arm, Md. Baltimore 5. Social Security Number If Undar 1 Year 7. Aga (In vrs. lest birthday) 8. Dete of Birth (Month, Dey, Yeer) Birthplece (Steta or Foreign Country) **Funerai** 1□M 200 F Months Days Hours Director 84 1912 213-01-2260 4 Maryland Usuel Residence of Decedent the Meryland 10a. Stete 10b. County 10c. City. Town or Location 28a-f show 10d. Inside City Limits 可 event, the Medical Examiner must be notified Director 1 Yes 2 No Md Baltimore Glen Arm, Maryland 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? with 6 items 23a 11630 Glen Arm Road 21057 U.S.A. death y Funeral Wes Decedent Ever in U,S. Armed Forces? 11. Maritel Status 13. Was Decedent of Hispenic Orlgin? (Specify Yas or No-If Yas, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Bleck, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours efter Department of Heelih and Mental Hygiane. Important: If item 27 is marked other than "natural", or ite any injury or other traumatic event, ITs Modical Exam any injury or other traumatic event, ITs Modical Exam any injury or other traumatic event, ITs Modical Exam any injury or other traumatic event, ITs Modical Exam any injury or other traumatic event, ITs Modical Exam any injury or other traumatic event, ITs Modical Exam and ITS Modical Exam and IT 1 Navar Married 2 Married 1 ☐ Yas 2 ☐ No If Yes, Give Baltimore, Maryland 21215-0020 1 ☐ Yes 2 No Specify: by Specify: 3 Widowed 4 □ Divorcad Year or Detes: White Be Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest greda completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 8th N/A Homemaker Home 17. Fether's Name (First, Middle, Lest) 18. Mother's Name (First, Middle, Meiden Sumema) 20 John East Catherine Heckman 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 2245 D.R.Stitely RD. Kathryn Riemer New Windsor, Md. 21776 20b. Place of Disposition (Neme of cemetery, cremetory or other placa) 20e. Method of Disposition 20c. Location - City or Town, State Dete 1 Burial 2 □ Cremetion 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 7/2/97 Louden Park Cemetery Baltimore 21. Signetura of Funarel Service Licensee 22. Neme end Address of Fecility Hartley Miller Funeral Home 7527 Harford Rd. Baltimore, Md. or heert feilure. List only one ceuse on each line. 21234 Approximate Intervel Between Onsat and Deeth **Physician** Due to (or es a consequence of):

C Obstructive Pulmonary Disease Immediate Cause (Final diseasa or condition resulting in death) /Medicai Examiner Physician/Medical Examiner Sequentially list conditions, if eny, leeding to immediate causa. Entar Underlying Ceuse (Diseese or Injury that Initiated events resulting in deeth) Lest Due to (or as e consequença of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of death? 3 Probably 4 Ninknown 1 Yes 2 No þ 24b. Were autopsy findings aveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? 1 Yas 2 No 1 Yes 28 No Division of Vital or Attanding Physician: 25. Wes case referred to medical examiner? Be 26. Piece of Deeth (Chack only one) Other: 4 Nursing Home 5 Anasidance 6 Other (Specify) Hospitel: 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA ٩ 1 Yes 2 No funeral 28e. Dete of injury (Month, Dey Year) 27. Menner of Deeth Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After 1 Neturel 5 Pending investigation death. 1 ∏ Yes 2 ☐ No 2 Accident within 24 hours after deal To the Funeral Director: 6 Could not be determined 3 Suicide In by t Pleca of Injury - At homa, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide filled Hospital 12 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Exeminer: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier completely (Check only the 29b. Signeture and title of pertifier 29c. License numbar 29d. Date signed (Month, Dey, Yeer) Habla no D47707 10 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) NCharles St Ste 203 Bathmore MD 21204 ITA PABLA MYD 6565 32 Registrer's Signeture 31. Dete filed (Month, Day, Year)

La Davidson-Randell

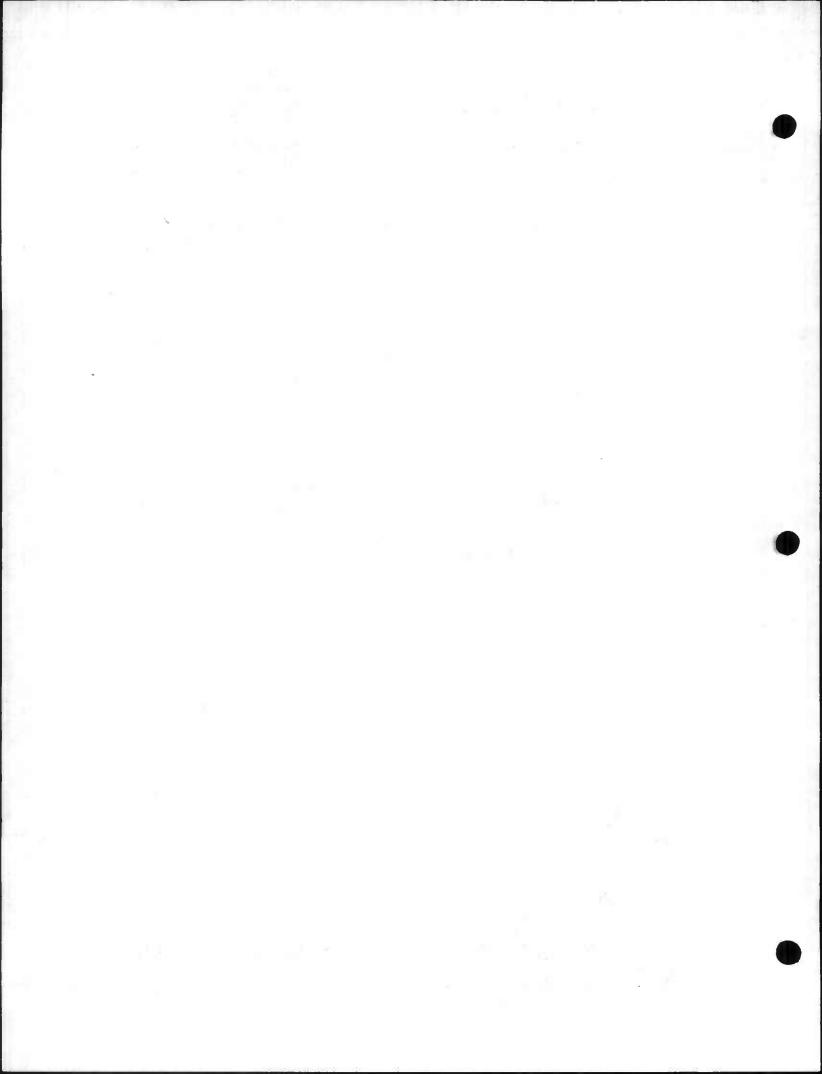
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Registrar

State of Maryland / Department of Health and Mental Hygiene 0.7

					Cert	ificate	of Death		Reg. No.	21	201	12
Physic	ion	1. Decedent's Neme (First, Middle, Las	st)					2. Dete of Do		Year	3. Time of	Deeth
/Medi		GEORGE ANDREW		SR.				July 1	1997	1041	4:15	P.M
Exami	ner	4a. Facility Neme (If not institution, give	e street end number)				4b. City, Town,	or Location of Deal	th 4c. Cour	nty of Deeth		
		729 Templeclift					Pikesy	ville	Ва	altimo		
Funeral Director		5. Social Security Number 6. S 219–32–5632	ex 7.Ag ⊠M2□F	e (In yrs. lest b		If Under 1 Y Months D	ear If Under 24 F Bys Hours M	Irs. 8. Date of Bi	rth ey, Year)	9. Birthp	place (Stete or ntry)	r Foreig
		Usuel Residence of Decedent		01		_		Apr 13	, 1930	Virg	ınıa	
how		10a. Stete 10b. County		10c. City, Tov	wn or Loca	ation				1	10d, Inside Cit	ty Limits
Bed s	Funeral Director	Maryland Baltimon	re	Pik	cesvi	11e					1 🗆 Yes	2 ☑ No
F 22 F	- Si	10e. Street end Number				10f. Zip Co	de		10g. Citizen o	Whet Country?		
23a	20	729 Templecliff	Rd.			212	208		USA	A		
eme	Jue	11. Marital Status	12. Was Decedent Armed Forces?	Ever In U,S.	13. Wa	as Decedent	of Hispenic Origin? Cuben, Mexican, Pu	(Specify Yes or Neerto Ricen, etc.)	0- 14. R	ace - Americ		
filed within 72 hours effer death with the Maryland Hygiene. Thygiene 1 har "natural", or flems 23a or 28a-f show off, the Madical Examinating and profiled at the Madical Examination of the Madical Examination	by Fu	1 ☐ Never Married 2 ☑ Merried 3 ☐ Widowed 4 ☐ Divorcad	1 Yes 2 XI If Yes, Give Year or Dates:	No			No Specify:	, , , , , , , , , , , , , , , , , , , ,		pecify: American Indian		
hou		15. Decedent's Ed		166	n Decede	nt's Lisual ∩	Usual Occupetion 16b. Kind of Busines:					
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Hyg other		17. Fether's Name (First, Middle, Last)			ITALII	er	18. Mother's N	Name (First, Middle			ors	
d 2 should be filed th and Mental Hygi 7 Is marked other traumatic event,	0							Branham				
d 2 should be file th and Mental Hyy 7 Is marked othe traumatic event,	-			19	b. Mailing	Address (Si			er, City or Tov	vn, Stete, Zip	Code)	
2 - 01 .		Joan A. Lawless	(Wife)	7	29 Te	emplec	liff Rd.	Pikesvi	11e. MD	211	208	
s 1 and 2 of Heelth Item 27 I		20e. Method of Disposition	(20b. Plece o	of Disposit		of	Dete	20c. Locatio			
		1 ☑ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify				•		7 5 07	0.1			
2555		21. Signeture of Funerel Service Licen		Lake			rial Park	17-3-97	Sykesv	ille,	Maryla	and
Depermine Deperm	0	1001/1	1 1		Lor	ring B	yers Fune					
_		23a Part Enter the disease or com-	DV//	the death. De	872	28 Lib	erty Rd.	Randall:	stown,_	MD ;	21133	
Dhoolataa		23a. Park Enter the disease, or compared to the shock, or heert failure. List only	one cause on each lin	ne.	THOU BITTER	ine mode of	dyaig, such es care	nac or respiretory a	mest,		Approximete tntervel Betv Onset end D	ween
Physician /Medical		Immediate Cause (Finel	1 1.	16 (0.0	106	0				0	0 01
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the death y the etter eched for a	icia	Pert II. Other significant conditions	ontributing to death by	ut not resulting	in the und	erlylna caus	e given in Pert I	23h Did	tobacco use	contribute to	o the cause o	of closet
that the de ned by the e	Physician/		on the death of	at not roodking	in the drid	onymig odds	e given in reit i.	A)4	Yes 2 No			Unknow
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ih						035606				(4)		
1		30 Name and eddress of person with	cause of de	eeth (Item 23e)	(Type, Pr	int)	ls Drive	بر ملاي				
		Lauvel Cyq	ter Mil	J.CL	-105	5000	Is Drive	a4120	wings	MILL	2 MDO	1118
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2. Dete of Death 3. Tima of Deeth **Physician** Dey 997 June 30, Richard LICHTEL 11:10 am /Medical 4a. Fecility Nema (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Franklin Square Hospital Center Rosedale Baltimore If Under 24 Hrs. 5. Sociei Sacurity Number If Undar 1 Yaar 7. Aga (In yrs. lest birthday) 8. Dete of Birth (Month, Dev. Yeer) Birthplece (State or Foreign Country) Months 103M 2□ F Devs 220-14-7192 72 Aug. 25, 1924 Pennsylvania Usuei Residence of Dacadent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Director Baltimore Maryland Baltimore County 1 ☐ Yas 2 ☑ No 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 6811 Dunhill Road 21222 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Rece - American Indien. Black, White, etc. 1 Ryes 2 No if Yes, Give Yeer or Detes 1940-42 1 ☐ Naver Married 2 ☐ Married 1 ☐ Yes 2 ☑ No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 18e. Decedent's Usuel Occupation (Giva kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grada completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) 12 Law Enforcement Police Officer 17. Fether's Nema (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Richard Elias Lichtel, Sr. Lillian Gertrude Germeyer Bross 0 19a. Informent's Name/Ralationship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Isobel Lichtel /wife 6811 Dunhill Road, Baltimore, Maryland 21222 20b. Plece of Disposition (Neme of cemetery, cremetory or other pleca) 20e. Mathod of Disposition Date 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from State 4 ☑ Donation 5 ☐ Othar (Specify) 22. Name end Address of Fecility
State Anatomy Board, 655 W. Baltimore Street 21. Signature of Fun ral Sarvica Lice Ronald Wade Director Pent 1 Entar the disease, or complications that caused the death. Do not entar tha mode of dying, such as cardiac or respiratory errast, shock, or heart feilure. List only one cause on aech line. Approximate Intervei Betwaan Onsat end Deeth immediata Causa (Final diseesa or condition rasulting In deeth) Acute Pulmonary Edema 2 Days Due to (or es e consequence of) Examiner Coronary Artery Disease 30 Years Sequantially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events rasulting in deeth) Last Due to (or es e consequence of): Aortic Valve Replacement 7 Years Physician/Medical Due to (or es e consequenca of) Diabetes Mellitus 5 Years Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy findings available prior to completion of cause of deeth? Completed 24e. Was an autopsy 2ZINO 1 Yes 1 Tyas 2 No 25. Wes case referred to medical exeminer? Be 26. Piece of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2 No Certification: To 1 Dinpatiant 2 ER/Outpetient 3□ DOA 27. Mennar of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending investigation 1 DiNaturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicida 28e. Placa of Injury - At home, ferm, street, fectory, office building, atc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) 4 Homicida Medical Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of axamination end/or invastigation, in my opinion, deeth occurred at the time, date end plece, and due to the cause(s) end menner stated. 29a. Cartifier 29b. Signature and little of conflig 29c. License number 29d. Dete signed (Month, Day, Year) tenguson

RD1907

June 30, 1997

21237

Baltimore, Maryland

To the Hospital or Attending Physician: The lew requires that the deeth certificate be associated within 24 hours state death.

To the Funeral Director: After this certificate hes been signed by the attending physician end completely filled in by the funeral director, page 2 should be deteched for use as the buriah-transit Division of Vital Records, P.O. Box 68760,

Funeral

Director

28a-f show

permit. Pages 1 and 2 should be filed within 72 hours effer death with the Maryla Department of Health end Mental Hygiane. Important: If item 27 is marked other than "natural; or items 23a or 28a-f show any Injury or other traumatic event, tra Modical Examiner must be notified a once.

Physician /Medical

Examiner

Baltimore, Maryland 21215-0020

the Maryland

31. Dete filed (Month, Day,) State Registrar



30. Neme end eddrass of person who completed causa of death (item 23a) (Type, Print)

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STEE ISSUED TO CT	TO BE COMBLETED BY BUYERFIAM: MEDICAL DEBTIES ATION
nadical examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or either transmits event, the medical examiner must be notified at once.
r removal.	be filed within 72 hours after death with the State Dept. of Health and Mental Hydrens and to human cremation, or removal.
in by the funeral director, page 5 should be detached for use as the	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending intraction may completely filled in by the funeral director, page 5 should be detached for use as the
rurs after death. Page 6 may be retained by the hospital or attending	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death can write the account with should also be may be retained by the hospital or attending

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		2							t, Middle, Meio			
Thomas W. M	ontgome	ry							(My			g
19e. INFORMANT'S NAME (Type/Print)									imber, City or			
Donald M. Long	Husb	and	3004	I1	linc	ois	Ave	. I	Balti	more.	, MD	. 21227
20e. METHOD OF DISPOSITION			ACE AND DATE			me of	- 1	7 9	1 20c.	LOCATION -	- City or T	own, State
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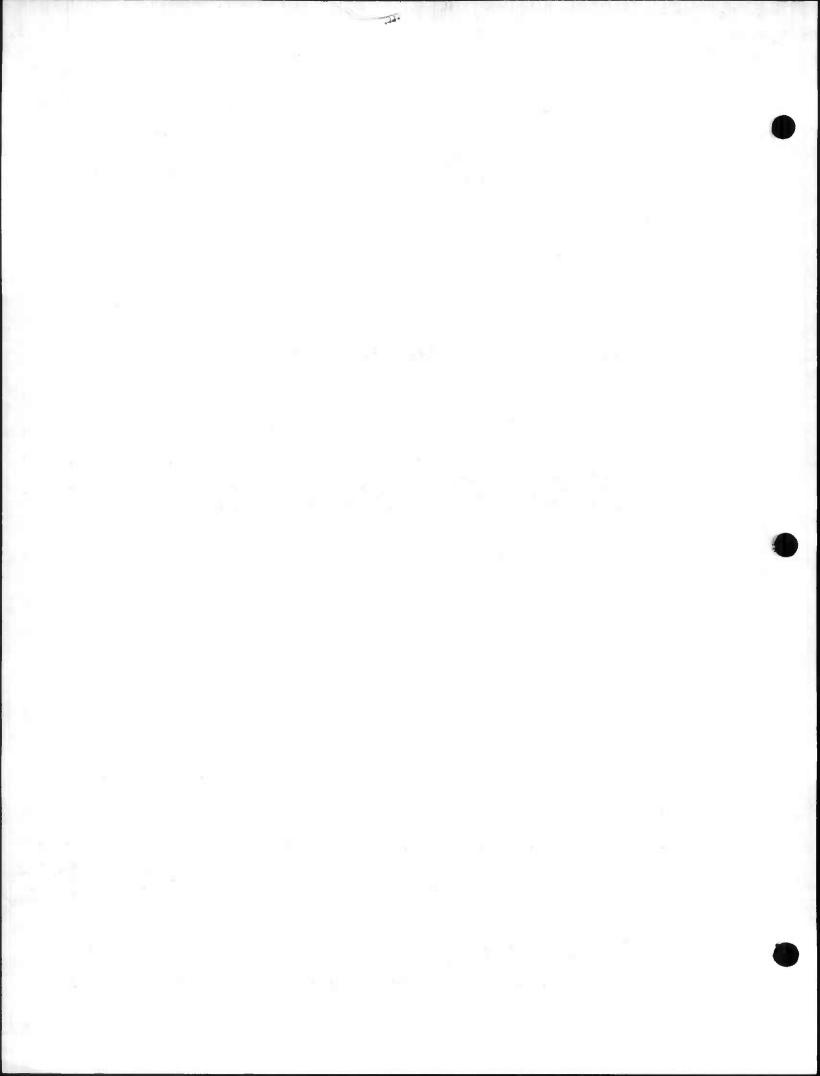
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MARK CHARLES LINTON

State of Maryland / Department of Health and Mental Hygiene

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					,	Cert	ificate	e of	Death			Reg. No.	21	20113
	Dhi.		1. Decedent's Neme (First, Middle, Le	st)							2. Date of Dec	_	Yeer	3. Time of Death
	Physici /Medi		MARK CHARLES L								JULY		97	0700AM
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									PASAD:					RUNDEL
	Funeral Director		5. Social Security Number 6. 9 218-50-5113 Usual Residence of Decedent	EM 2DE	(In yrs. last birt	rhday) Yrs.	If Under Months	Deys	If Under 24 Hours	Min.	8. Date of Birt (Month, De [ul,11,	h y, Year) 1957		plece (State or Foreign intry) yland
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	r 28s	Directo	10e. Street and Number				10f. Zip	Code				10g. Citizen of	Whet Cou	intry?
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	dea	Funeral	11. Maritai Status	12. Was Decedent E Armed Forces?	Ever in U,S.	13. W	as Deced	ent of H	Hispanic Origin	n? (Spe	cify Yes or No Rican, etc.)	14. Re	ece - Ameri ack, White	ican Indian,
2-0020	in 72 hours effer death with the Maryland "natural", or items 23s or 28s-f show ledged Expressing must be notified at	b	1 ☐ Never Married 200 Married 3 ☐ Widowed 4 ☐ Divorcad	1 N Yes 2 □ N if Yes, Give Yeer or Dates:	1979		☐ Yes 2	3.5			110411, 010.7		ity: whi	
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a		o Be	Lloyd Emory Lin											
Maryland	2 should be and Mental Is marked o	1º	19a. Informant's Neme/Relationship (19b.	Mailing	Address	(Street			ett Du	ntap er, City or Tow	n. Stete. Zi	ip Code)
	d 2 h a T is		Mrs. Arlene A. Lin	ton (wife)								Park, N		1146
e,	- I 5 5		20e. Method of Disposition		20b. Place of cemeter						Date	20c. Location		
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<u>=</u>	permit. Pages Department of Important: If it any Injury or one		21. Signature of Fundami Stavice U		2	22.	Name and	d Addre	ss of Facility					
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	CALL		23a. Pert1. Enter the disease, or com shock, or heart failure. List only	plications that caused	the death. Do n	ot enter	the mode	of dyir	ng, such as ca	ardiec o	r respiretory a	rest,	Dary	Approximate Interval Between
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	/Medicai Examiner		Immediate Cause (Final disease or condition resulting in death)	. 100°	فيسترك								1	
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ō	g Phys er this eral di	n: T	27. Menner of Death	28a. Date of Injur (Month, Day	y 28b. T	Ime of		Bc. Injur Wor				now Injury occu		W KIVEK
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DIVISION	4 - 0 6	ertification:	3 Suicide 6 Could not b 4 Homicide determined	0 00- Diago of fair	ry - At home, far	m, stree	et, factory	offica		2	81. Location (S City or Tox	Street end Num	ber or Au	ral Rouse Number auch
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	To the Hospital or within 24 hours efft To the Funeral Dir completely filled in	Med	29b. Signature end title of cartifier	end manner sta	ted.				se number			29d. Date sign		
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-	IXan		1 headone	M. My	Sung	D		0.0	C.M.E			JULY	Ι,	1997
	In,		30. Name and address of person who	completed cause of de				ree	et. Ba	11:	imore.	Marv	land	21201
	Sta	te	31. Date filed (Month, Day, Year)	32. Registre	r's Signature				, De			TAGE Y	Land	21201
	Registr		JUN 2 6 1997	Julia Varido	~- Aandass	6								



97-3585-025 ZANNA LEWIS

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

PAIVINA	HEWID	State of Maryland / Department of Health and Mental Hygiene	
ASP		Certificate of Death	

AS	SP.			State of Maryla		ment of Ficate of		мептат ну	giene Reg. No.	97 2	0116	
	Physic /Medi				Ziwz.			2. Date of De Month JUNE	Dey 28 1	Yeer	Time of See th	
	Examin Funeral Director	ner	5. Social Security Number 6. Sex	RBORO ST.		Under 1 Year onths Deys	4b. City, Town, or STREET If Under 24 Hrs Hours Min	8. Date of Bir	HARF	9. Birthplece	(State or Foreign	
	yland		Usual Residence of Decedent 10e. State 10b. County	10c. C	ity, Town or Location	on				10d. ir	nsida City Limits	
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	with the same of t		10e. Street end Number	0 0 0 0		Of. Zip Code		10g. Citizen of What Country?				
20	n 72 hours after death with the Maryland "natural", or Items 23a or 28s-f show edical Examinet must be notified at	y Funeral	Never Married 2 Married	Was Decedent Ever in U Armed Forces? □ Yes ZNNo If Yes, Give	J,S. 13. Was	Decedent of H	lispenic Orlgin? (San, Mexicen, Puer Specify:	Specify Yes or No to Ricen, etc.)		dien,		
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Maryland 21215-0020	d within giene. r then "	Completed	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4or 5+)	life DO NOT use retired				SCHOO			
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lary	2 should be and Mentalis marked	F	19a. Informent's Name/Ralationship (Typ		19b. Mailing A	ddress (Street	and Number or R					
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Bal	permil. Pa Departmen Important: any injury once.		21. Signature of Funeral Service License	o h	22. Name and Address of Facility CHAPIL—BILAIR, P.A. 3 NIWPORT ORIVE FOREST HILL MARY							
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	ding Ph h. After thi funeral		27. Manner of Death 1 □Natural 5 □ Pending	28e. Dete of injury (Month, Day Year)	28b. Time of Injury	28c. Injur Wor			how Injury occur		1.1.	
Division	or Atten after deat Director: in by the	Certification:	2 Accident Investigation 3 Suicide 6 Could not be detarmined	6-28-97 28e. Place of injury - At h building, etc. (Special	ome, farm, street.	fectory, office	Yas 2 No	28f Location /	Streat and Numb	er or Bural Bou		
	To the Hospital within 24 hours of To the Funeral completely filled	edicai (29e. Certifiar (Check only one) 1☐ Certifying Physi 2☐ Medical Examine	clan: To the best of my known: or: On the basis of examine	owladga, daath occ ation and/or investi	curred at tha ting gation, in my o	na, date end place pinion, daath occu	e, end dua to the	causa(s) end ma	anner as stated. and dua to tha c	ausa(s)	
	To the within 2 To the compla	Mec	29b. Signeture and title of certifier	and mannar stated. Uright MD		29c. Licens			29d. Date signed	d (Month, Day, 199		
	5		30. Name and address of person who com DONALD G. WRIGH	npleted causa of daath (iter			reet, I	Baltimo	ore, Ma	ryland	21201	
Γ	Sta Registr		31. Date filed (Month, Day, Year) JUL 0 3 1997	32. Registrar's Signa	ature fandelle							

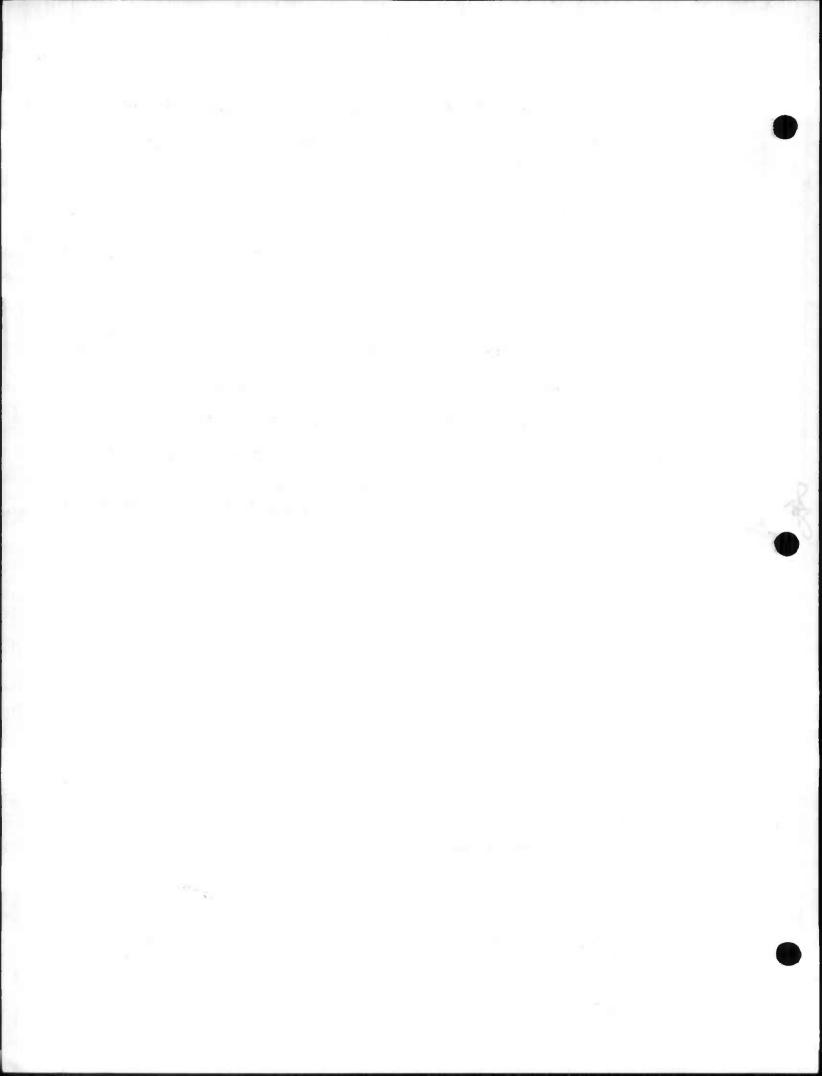


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death ITEM: 28aper DR. G-749 7-3-97 eoh 1. Decedant's Nama (First, Middle, Last) 2. Data of Death **Physician** 25, 9:00 am 1997 Ernestine Long June /Medical 4a. Facility Nama (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner 1509 N. Smallwood Street Baltimore Hours Min. 8. Deta of Birth Month Day, 5. Social Security Number If Under 1 Yeer Birthplaca (State or Foreign Country)
 CAROLINA 7. Age (In yrs. last birthday) **Funeral** Months Deys 577-30-5630 1 M XXF 1923 Yrs. Director S. Usual Rasidanca ot Decedant the Maryland 10a. Steta 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examinar must be notified at MD BALTIMORE n/a Yas 2 No Director 10e. Street and Numbar 10f. Zip Coda 10g, Citizan of What Country? 6 21216 1509 WOOD ST. SMALL STATES UNITED Items 23a permit. Pages 1 and 2 should be filed within 72 hours after death 1 Department of Health and Mental Hygiane. Important: If itam 27 is marked other than "natural", or Items 23, any injury or other traumetic event. The Medical Examines mass Funerai Wes Decedent Evar in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yas or No-lt Yas, specify Cuban, Mexican, Puarto Rican, atc.) 11. Maritei Stetus 14. Race - Amarican Indian, Black, Whita, atc. 1 Nevar Married XXMarriad 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: BLACK p Specify: 3 Widowed 4 Divorced Completed 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highest grade completed) CITY BALTIMORE College (1-4or 5+) years col Elemantary/Secondary (0-12) CLERK SCHOOL SYSTEM 17. Fethar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maiden Surname) THAXTON EMMA PHELPS ELIJAH 19a. Intormant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) BALTIMORE, MD NORTHERN PKWY., POTEAT-sister 401 ELIZABETH 20b. Piace of Disposition (Name of cemetery, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 X Kurial 2 ☐ Cremation 3 ☐ Removal trom Stata WOODLAWN C EMETERY 6-28-97 BALTIMORECO, 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funaral Service Licensas 22 March Address of Facility West 21215 23a. Part1. Enter tha disaasa, or comblications that ceused tha death. Do not antar tha mode of dying, such as cerdiac or raspiratory arrast, shock, or heart teilura. List only one ceuse on each line. Md Baltimore, Approximate Intarvai Betw Onset end Death **Physician** /Medical Immediata Ceuse (Finel disaasa or condition rasulting in death) Examiner Due to (or as a consequence ot) Examiner sician end burial-transit Hospital or Attending Physician: The law requires that the death certificeta be axecuted Sequentielly list conditions, if any, laading to immadiata causa. Entar Underlying Ceuse (Disaasa or injury that initiated avents rasulting in death) Last Dua to (or as a consequence ot): physician s the burial P.O. Box 68760, Physician/Medicai a consequence ot) esn. been signed by the atter should be datached for Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 □ No 3 Probably 4 Unknown Division of Vital Records, þ Be Completed 24e. Was an autopsy performad? 24b. Were eutopsy tindings evailable prior to completion of ceuse of death? page 2 s 1 Yas director, 25. Was case referred to medical 26. Place of Deeth (Check only Othar: 4 Nursing Homa 1 Yes Medical Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 Rasidance 6 ☐Othar (Specify) After this filled in by the funeral 27. Manger of Death Data of Injury 28b. Tima of 28c. Injury et Work? 28d. Dascribe how injury occurred 5 Pending Natural 1 🗆 Yas death. invastigetion 2 Accident within 24 hours after death To the Funeral Director: completely filled in by the 6 Could not ba determined 3 Suicide 28a. Piace of Injury - At hon building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) At homa, farm, streat, factory, offica 4 Homicide To the best of my knowledge, death occurred at the time, date and piece, and due to the causa(s) and manner as stated.

Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and manner as stated. 29a. Cartifian ŝ 29b. Signature end title of certifier 29c. Licansa numbar 29d. Data signad (Month, Day, Year) 30. Nama and eddress of person who complated cause of deeth (Itam 23a) (Type, Print) We -- MD. 05 COL MD 21210 31. Data filed (Month, Day Year) State 0

Registrar



Item 19a per FH Film G749 7 State of Maryland / Department of Health and Mental Hygiene 97

			Certificate of Death Reg. No.								, ,	20110					
	Dhoole		1. Decedent's Neme (First, Midd	le, Last)									2. Dete of De Month		Vaar	3. Time of Death	
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			Milford Manor	Nur	sing	Home					Balt:		9	Ba	ltimo	re	
	Funeral Director		5. Sociel Security Number 128–24–4771 Usuel Residence of Decedent	6. Sex	M 2□ F	7. Age 82	(In yrs. last birth	.,,,	If Under Months	1 Yeer Deys	If Under Hours	Min.	8. Date of Bir (Month, De July	th 97, Year) 17, 1914	9. Birthi Cou Pol	plece (State or Foreign intry) .and	
	and		10e. Stete 10b. County	,		1	IOc. City, Town	. City, Town or Location							10d. fnside City Limits		
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	items free ma	Funerai	11. Maritel Status	1	2. Was De	cedenf Ev	er in U,S.	13.	Wes Deced	enf of h	Hispanic Or	rigin? (Sp	ecify Yes or No)- 14. Ra	ce - Ameri	ican fndlen,	
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att	permit. Page Department of Important: If any Injury or once.		X Burial 2 □ Cremetion 3 □ Removel from State 4 □ Donetion 5 □ Other (Specify) Beth Tfiloh 6/30/97 Baltimore,														
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E	ding P	Certification:	27. Manner of Deeth 1 ☑ Naturel 5 ☐ Pendir		28a. Dete (Mor	of Injury oth, Day Y	'ear) 28b. Tin			Bc. Injur Wor			28d. Describe	how injury occu	rred		
ision	death death thor: , the	icat	2 Accident investi 3 Suicide 6 Could	not be	Office Place	a of taken	At home form	a a tau	M		Yes 2		201 Lagation	Cleant and Nor	har ar Dur	nt Davite Alumbas	
in	Paris P	ET	4 Homicide determ	ined	build	ding, etc. (- At home, fem Specify)	i, sire	et, ractory	, OHICE			City or To	wn, State)	ber or nur	al Route Number,	
Λ	of the same	2	29e. Certifier 11 Certifyir	a Physic	clen: To the	e best of r	ny knowledge, o	deeth	occurred e	et the tir	me date er	nd plece	end due to the	ceuse(s) and m	enner es s	stated	
4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	edical	29e. Certifier (Check only one) 2 Medical Examinar: On the best of my knowledge, deeth occurred et the time, date end place, et (Check only one) 2 Medical Examinar: On the best of examination end/or investigation, in my opinion, deeth occurred and repairment stated.		ed et the time,	date end plece	and due t	o the ceuse(s)									
	within 2 To the comple	ž	29b. Signeture end title of certifie	4		. 1	. 1		29c.	Licens	e number			29d. Dete sign	ed (Month,	Day, Year)	
	20000000000000000000000000000000000000		/ \	(/	NI	WC			Ď	JO3	39		061	30/9	12	
	6		30. Neme end eddress of person	who com	pleted cau	se of deal		4000 Old Court Rd, Balkmore, ND 21208									
	Sta	te	31. Dete filed (Month, Day, Year) 32 Begistrer's Signet				Signeture	Ature									
	Registr	ar	JUL 0 3 199	1/	que	a Da	ridson-Par	rdel	200								

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decadent's Neme (First, Middle, Last) 2. Deta of Deeth 3 Time of Deeth Month **Physician** C. Mc GRODER DORIEE 5:00 AM July 1997 /Medical 4e. Facility Neme (If not institution, give street and number 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Elizabeth Nursing Home Baltimore 5. Social Security Number If Under 1 Year | If Under 24 Hrs. 8. Date of Birth (Month, Day, Year)
Dec. 12, 1918

9. Birthplece (State or Foreign Maryland 6. Sex 7. Age (In yrs. last birthday) Funeral 1□M 2\ F Months Deys Hours Yrs. 215-24-5339 Director Usual Rasidence of Decedent death with the Maryland 10e. State 10b. County 10c. City. Town or Location 10d. Insida City Limits r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at Director 1 Yes 2 No Florida Manatee Bradenton 10e Street and Number 10f. Zip Coda 10g. Citizan of What Country? 3901 34209 St. West United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Maxican, Puerto Rican, etc.) Raca - American Indien, Bleck, Whita, etc. 11. Maritel Stetus Peges 1 and 2 should be filed within 72 hours after ment of Health and Mental Hygiane.
nnt: If lemn 27 is marked other than "natural", or Ne mry or other traumatic event, I'm Modell Entring mry or other traumatic event, I'm Modell Entring I ☐ Yes 24☐ No f Yas, Give 1 Never Married 2 Marriad Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: White by 3 Widowed 4 □ Divorcad Yeer or Detes: Completed 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Spacify only highast grada completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumama) Be Basil Harper Eleanor DeJoy 19e. Informent's Neme/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 21227 Charles McGroder 1104 Flamingo Drive Arbutus, Maryland 20b. Place of Disposition (Name of cametery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State Date July 3 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removat from Stete Department of important: If any injury or 1997 Catonsville, MD 4 ☐ Donetion 5 ☐ Othar (Specify) Metro Crematory re of Fundat Service Licensee 22. Name and Address of Facility Ambrose Funeral Home, Inc. 1328 Sulphur Spring Road
Marvland 21227 as, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, List only one ceuse on each line. 23a. Pert 1. Entar the disease shock, or heert feilure. Approxim*ete* Intarvel Between Onset and Death Physician /Medical Drain Concer Immediete Ceuse (Finel disaasa or condition resulting in death) **Examiner** Physician/Medical Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in daeth) Lest Dua to (or es e consequence of) Dua to (or es e consequance of): Box The law requires that the death P.O. Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert II. 23b. Dld tobecco use contribute to the cause of death? signed by the 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown Division of Vital Records, ģ Completed 24b. Were autopsy findings eveileble prior to 24e. Wes en eutopsy performed? completion of cause of deeth? this certificate hes 2 X No 1 Yes 1 Yes 2 No spital or Attending Physician: The hours after death.
Ineral Director: After this certificate y filled in by the funeral director, pa Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work? 28d. Dascribe how Injury occurred Certification: 27. Manner of Death 28e. Dete of tnjury (Month, Dey Year) 28b. Time of 5 Pending investigation 1 Weturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 - Homicide within 24 hours a Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.

Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the cause(s) end menner stated. Medical 29e. Certifier completely (Check only one) 120 29b. Signature and title of cartifier 29c. Licanse number 29d. Date signed (Month, Day, Year) 30. Neme end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 0 AVE BALTO, MO. BENJON Siccion M. RUSSEL 3421 MP 31. Dete filed (Month, Day, Year) State

DHMH 16 Rev 6/95

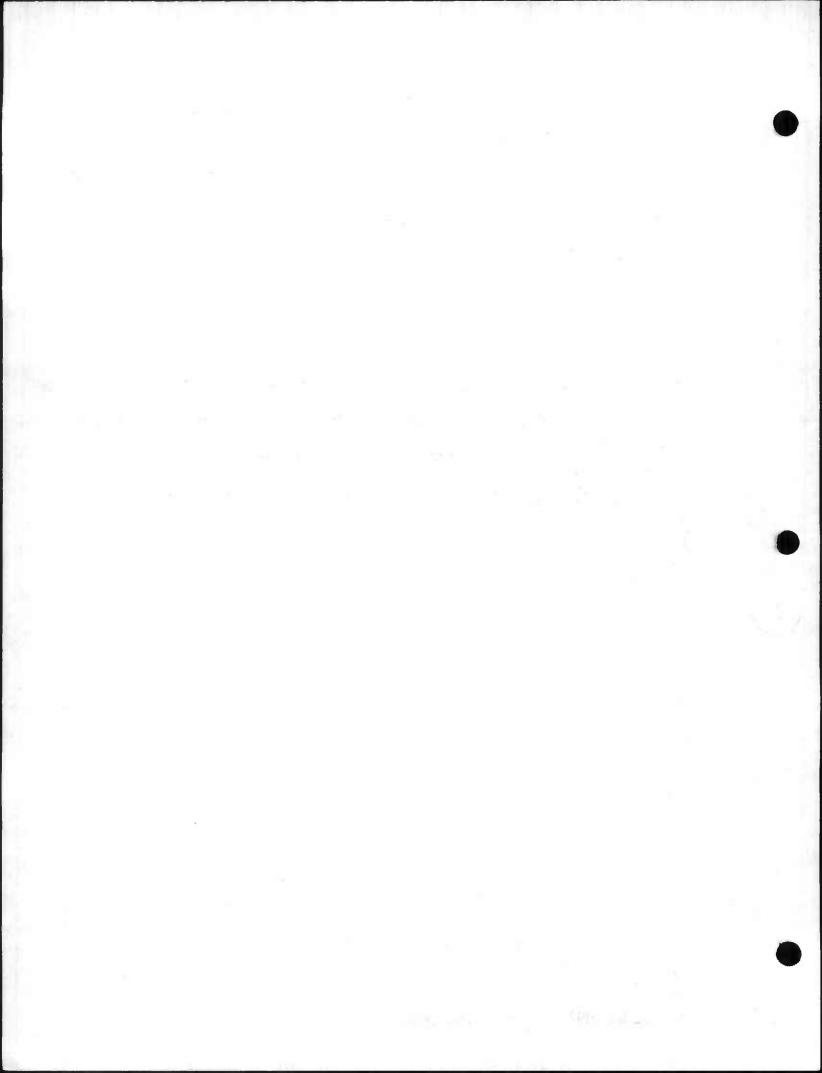
Registrar

JUL 0 3 1997

State of Maryland / Department of Health and Mental Hygiene

					Cer	tificate of	Death		Reg. No.	21	20121	
Physic	ian	1. Decedent's Name (First, Middle, La Van Finley Mu:	,					2. Dete of D Month		Yeer	3. Time of Deeth	
/Medi	cal						# 65 T	June	30, 19		2:10 am	
Examir	ner	4e. Fecility Neme (If not institution, given 3510 Honeysuck)					4b. City, Town, or L. Middle	River	Balt	imor	е	
Funeral Director			Sex 7. Ag 1 1 2 F 7	e (In yrs. last bi	irthday) Yrs.	If Under 1 Year Months Deys		8. Dete of B (Month, D Sept	irth Dey, Year) • 19 , 192	9. Birthple Countr 5 V	ece (State or Foreign ny) irginia	
death with the Maryland rms 23a or 28a-f show rmust be notified at		10a. Stete 10b. County		10c. City, Tow	vn or Loc	ation				10	d. Inside City Limits	
e Ma	ctor	Maryland Baltimo	re	Midd	ile F	River				1 ☐ Yes 2 ☐ No		
ith th	Director	10e. Street end Number				10f. Zip Code			10g. Citizen of	What Countr	ry?	
s 23s		3510 Honeysuckle	T			21220			U.S			
72 hours efter de natural', or item o cal Examinar	by Funeral	11. Maritel Status 1 □ Never Married 2 □ Married 3 □ Widowed 4 ▼ Divorced	12. Wes Decedent Armed Forces? 1 17 Yes 2 1 If Yes, Give Year or Detes:	No		/as Decedent of I Yes, specify Cub ☐ Yes 2	Hispenic Origin? (Spean, Mexican, Puerto Specify:	pecify Yes or N Rican, etc.)	or No- 14. Race - An Bleck, Wh Specify: Wh		tc.	
72 hc netur	Completed	15. Decedent's E (Specify only highest gre	ducation ade completed)	16e	Decede	ent's Usuei Occu	petion during most of work	dna	16b. Kind of B	usiness/Indu	ustry	
han .	mpi	Elementary/Secondery (0-12)	College (1-4or s		life. D	O NOT use retire	nd)	9	Chaol W	4 7 7		
filed withln Hygiene. other than "	CO	12 17. Fether's Neme (First, Middle, Last	1	Ge	enera	al Forem		o (Einst Adiobal)	Steel M			
should be found marked of	To Be	Vann Finley Murra			18. Mother's Neme (First, Middle, Maiden Sumeme) Viola Lorene Williamson							
1 and 2 dealth e om 27 ls		19e. Informent's Neme/Relationship (Paula Teresa Hugi		_		Fourth S				,		
of Heal item 2		20e. Method of Disposition		20h Pleca o	f Dispos	ition (Neme of etory or other ple		Dete	20c. Location	-		
it. Pages rtment of I rtant: If ite		1 X Buriai 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specif				Faith	7/1/199	7	Baltimo	re Co.	. Md.	
permit. P Depertme Importan any injur		21. Signature of Funeral Service Lice	/ //		D	Name end Addre	led Thomason	1 Home	P.A.	d 212	221	
NAC LA		23e and 1. Enter the disease, or com snock, or heart failure. List only	plicetions thet caused one ceuse on each li	I the deeth. Do	not ente	r the mode of dyi	ng, such es cardiac	or respiretory	errest,	1. 212	Approximate Intervel Between	
Physician /Medical		Immediate Cause (Final	/		,	Α.					Onset and Deeth	
Examiner		disease or condition resulting in deeth)	e. 19e				Pake Co	incer				
	ner			Due to (or es e	consequ	enca of):						
eath certificete the procedure ettending physician and for use as the buriel-transit	i Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying	b	Due to (or es e	es e consequence of):							
death certificet of ettending physic of for use es the b	Cause (Disease or Injury that Initiated events resulting In death) Lest Due to (or es e consequence of):											
ath ce	lan/		0.							1		
0 0	/ Physician/	Pert II. Other significant conditions of	ontributing to deeth be	ut nof resulting l	n the und	derlying cause gi	ven in Pert I.		tobacco use co Yes 2□ No	ntribute to t	the cause of death?	
s been s 2 should	Completed by							24e. Wes en eutopsy performed?		com	e eutopsy findings ieble prior to pletion of cause eath?	
0 - 5	PO							1 🗆	Yes 2 PNo	10	Yes 2□ No	
ician: The is certificate he rector, page	Be	25. Wes case referred to medical exeminer?					26. Plece of Deet	h (Check only	one)			
this co	2	1 ☐ Yes 2 ☑ No	Hospitel: 1 Inpatie		utpetient	3LI DOA		me 5 12 Aes	idenca 8 □Oth	er (Specify)		
The Line	Certification:	27. Menner of Deeth 1 ☑Neturel 5 ☐ Pending 2 ☐ Accident investigation		y Year) 28b.	Time of Injury	28c. Inju Wo M 1 □	ry et rk? Yes 2 No	28d. Describe	how injury occur	red		
3 4 5	Sertific	3 Suicide 6 Could not be determined	28e. Pleca of Injubuilding, etc		erm, stree	et, fectory, office			(Street end Numb own, Stete)	per or Rurel I	Route Number,	
	edicai C	29a. Certifier (Check only one)	ysician: To the best of niner: On the basis of end menner ste	examinetion en	e, deeth o	occurred et the til estigetion, in my o	me, date end pieca, ppinlon, deeth occurr	end due to the red et the time	cause(s) end me , dete and placa,	enner es stel and due to t	ted. he cause(s)	
To the comp	\$								29d. Dete signe	e signed (Month, Dey, Year)		
7*1		30. Name and address of person who was ARRY WATERBU	completed cause of de		(Type, P	o Eds	FERN AU	IE	BALT	. 2	1224	
Sta		31. Dete filed (Month, Dey, Yeer)		er's Signeture								
Registra	ar	JUL 0 3 1997	Julie Day	idson-Pan	delle	-						

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State of Maryland / Department of Health and Mental Hygiene

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VEYIt	em	s:23a part I,27 per M 1. Decedent's Name (First, Middle, L		/97 dh	Cei	rtificate	of	Death	1		Reg. No.	9	1 6	1121
Physicia	n									Date of De Month	Day		Yaar 3. i	ime of Deeth
/Medica	ai -	Elise Patrici								JUNE	27		97 10	:25P.N
Examine	r	4a. Facility Name (If not institution, gi	va street and number)				4	4b. City, Towr	n, or Loc	ation of Deal	th 4c. C	County o	f Death	
		MONTGOMERY GEN				M.D. J. A	Maria	OLNE					OMERY	
uneral		The second secon	Sex 7. Age 1 ☐ M 2 ☑ F	e (In yrs. la	st birthday) Yrs.	If Under 1 Months	Days	If Undar 24 Hours	Min.	 Date of Bi (Month, Di 	ay, Year)		 Birthplace (Country) 	State or Foreign
rector	1	104-50-9192	-X.	41	115.					JUNE 1	17, 19	956	9. Birthplace (State or Forei Country) New York	
*	-	Usual Residence of Decedenf 10a. State 10b. County		10c City	Town or Lo	cation							10d le	alda Olba I imita
o de de	_													side City Limits
notified at	Director	Md. Montgo	mery		Derwo									Yes 2 No
0 % 0	5	10e. Street and Number				10f. Zip (Coda				10g. Citiz	en of Wi	haf Country?	
23	ā	6016 Muncaster					20855						USA	
20	Funeral	11. Marifal Status	12. Was Decedanf E Armed Forces?		13.	Was Decede f Yes, specif	nt of H	lispanic Origir an, Mexican, i						llan,
	D T	1 Never Married 2 Married	1 ☐ Yas 2 ☑ N If Yes, Give	lo		1 ☐ Yes 2		Specify:		Specify:		White, arc.		
		3 Widowed 4 Divorced	Year or Dates:		^							speeny.	MIIT	re
g	ere	15. Decedent's E (Specify only highest gi	Education rada com <i>pleted)</i>		16a. Deced (Give	dent's Usual kind of work	ual Occupation vork done during most of working use retired)			g	16b. Kind of Busin		iness/Industry	
쾰	E E	Elementary/Secondary (0-12)	College (1-4or 5-	+)	Housewife									
T, the	TOB	47 Fall de Name (First Atidde)	6		Н	ousewi	re					n Ho		
event, to		17. Fether's Name (First, Middle, Las		is						(First, Middle		Su <i>m</i> ame)	
F Specific		Donald J. Har						Ann	Pei	ce Wh	ite			
traumatic ev		19e. Informant's Name/Reletionship								Town, S				
		Duncan McVey 6016 Muncaster Mill Rd., [, Der	wood,	Md.	2085	5
- 1		20a. Method of Disposition 1 X Burial 2 ☐ Cremation 3 [Removel from State	20b. Ple	ce of Dispo netery, cren	sition (Nama	a of er plac	ce)	17/	5/97	20c. Loc	ation - C	City or Town, S	ate
nu's		4 Donation 5 Other (Speci		Rai	nsvil	le Cem	ete	ry	1	5/9/	Rain	svil	le, In	diana
important: It eny injury o once.	-	21. Signature of Fugural Service Lice	ensee					ss of Facility						
eny l	1	The same	0		Gai	ry L.	Kau	fman F	unei	ral Ho	me at	Meadowridge		
	1	Pert1. Enter the disease, or con	nplications that caused	tha daath.	Do not ente	OU Was	of dyin	gton B	LVD.	respiratory a	ridge arrest.	e, Md. 21227 Approximate		
ician	1	shock, or heart failure. List only	one cause on each lin	℮.			,			, , .			Inten	al Between t and Death
dicai		Immediate Cause (Final												
ner		disease or condition resulting in deeth)	e. CARDIAC ARRHYTHMIA											
	<u>ē</u>							FT VENTE	RICLE	AND MI	TRAL V	ALVE		
rial-transit			b. AND PATC				SIS						i	
10 P	LYG	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		01 9 OF BUC	as a conseq	uence of):							1	
und e	0	Cause. Enter Underlying Cause (Disease or Injury that initiated events	C			CONTRACT .							-	
es the bu	ğ	rasulting in death) Lasf	C	oue to (or a	is a conseq	uenca of):								
. 3	Σ		d										1	
Su lo	Linysicialin													
be detached the Dhyelo	2	Part II. Other significant conditions	contributing to death bu	t not result	ing in the ur	nderlying cau	use giv	en in Part i.		23b. Did	tobacco u		ribute to the c	
										10	Yes 21	SNo :	3 Probably	4 Unknow
e i	5									Ota Was			24h Wore au	oney findings
page 2 should											s an autops ormed?	у	24b. Were au aveilable complafi	prior to
page 2 s	2												of death	
Dag S	3									1月	Yes 2	No	1 X Yas	2□ No
D Clor.	9	25. Wes case referred to medical examiner?							f Deeth	(Check only	one)			
rai director,		1X Yes 2 No	Hospital:		R/Outpatien	f 3 DOA	Oth	er: 4 🗆 Nurs	ing Hom	e 5 🗆 Resi	idance 6	Other	(Specify)	
funerai		27. Manner of Deeth X	28e. Dete of Injury (Month, Day	Year) 2	8b. Time of Injury	28	c. Injury Worl	y et k?	28	d. Describe	how Injury	occurre	d	
the fi	200	2 ☐ Accident investigation	on	111.5		M		Yes 2□No)					
d in by the i	3 Suicide 6 Could not be determined 4 Homicide 4 Homicide 28e. Place of Injury - At home, farm, str.					n, street, factory, office 28f. Location (Street and Number or Rural Route Number, City or Town, State)								
	building, etc. (Specify) City or Town, S						Town, State)							
e Funeral Dir letely filled in	ğ	29a. Certifier (Check only 27 Mindical Exa	hysician: To the best of	my knowle	edge, death	occurred at	the tim	ne, dete end p	olace, ar	d due to the	cause(s) a	and man	ner as steted.	nuno/c\
Jet Z	3	one)	miner: On the basis of a and manner stat	examinatio led.	and/or inv	esugenon, II	i iny o	pirilon, death	occurrec	at the time,	date and p	JINCO, AF	in ane to the c	ause(S)

29c. License number

O.C.M.E.

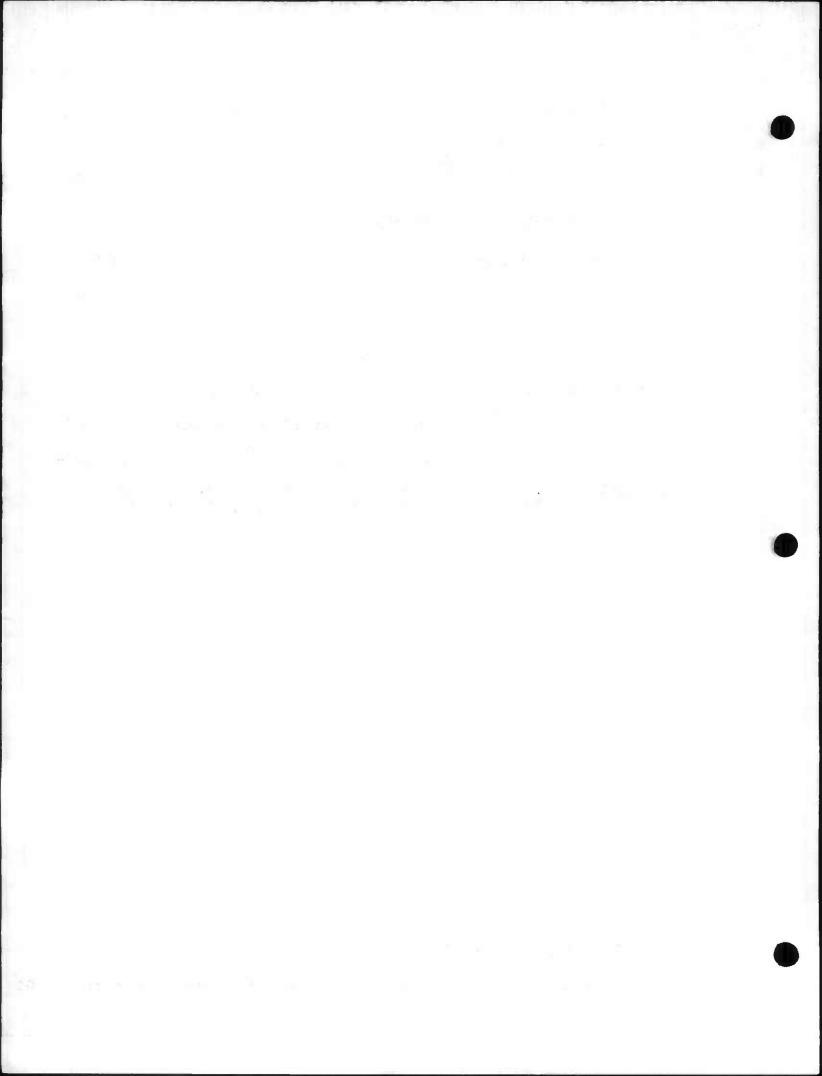
29d. Date signed (Month, Day, Year)

JUNE 28, 1997

State Registrar

DONALD G. WRIGHT MO 111 Penn Street, Baltimore, Maryland 21201 31. Date filed (Month, Day Year)

Nema and address of person who completed cause of death (Item 23a) (Type, Print)



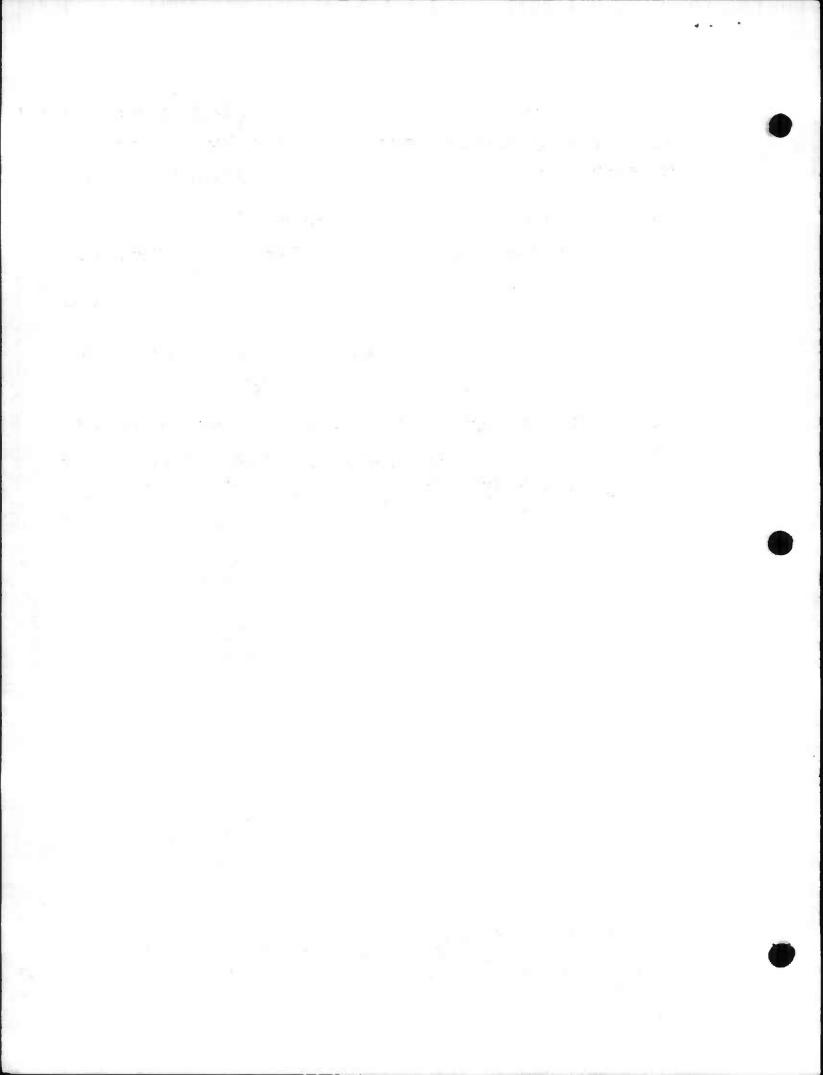
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last, 2. Dete of Deeth 3. Time of Deeth Month Physician orch 0:09 AM UN 97 /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Baltimore City Johns Hopkins Bayview Medical Center N/A If Under 1 Year If Under 24 Hrs. Hours Min. 5. Sociel Security Number 7. Age (In yrs. last birthdey) 8. Dete of Birth (Month, Day, Year) Birthplece (State or Foreign Country) **Funeral** Months Deys 100 M 2□ F Yrs 140-14-6898 73 Director Nov. 1, 1923 Norway Usuei Residence of Decedent with the Meryland 10e. Stete 10b. County 10c. City, Town or Location Item 27 is marked other than "natural", or Items 23s or 25s4 show other traumetic event, the Medical Examinar must be notified at 10d. Inside City Limits Director 1 Yes 2 □ No Baltimore City N/A Md. 10e, Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 6216 Everall Avenue 21206 United States Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Menitel Status 14. Rece - American indian. Bleck, White, etc. permit. Peges 1 and 2 should be filed within 72 hours after Depertment of Heelib and Mentel Hyglene. Important: If Item 27 is marked other than "natural, or ite any findury or other traumatic event, the Medical Examine any injury or other traumatic event, the Medical Examine 1 Never Merried 2 Married 1 X Yes 2 □ No If Yes, Give Yeer or Detes: Saltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: à Specify. 3 Widowed 4 □ Divorced WW II White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Eiementary/Secondery (0-12) College (1-4or 5+) 10 Carpenter Construction 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be Finn Arnesen 2 Bergliot Jacobsen 19e. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Gretchen M. Meekins (Daughter) 6216 Everall Ave. Baltimore, Maryland 21206 20b. Piece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 X Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Churchville Cemetery 7/3/97 Oberlin Penna. 21. Signeture of Funerel Service Licensee Milton Knight Jr 22. Name and Address of Facility Leonard J. Ruck, Inc. 5305 Harford Road Baltimore, Md. 21214 23e. Pert1. Enter the disease of complication that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximete Interval Between Onset and Deeth **Physician** tmmediate Cause (Finei disease or condition resulting in death) /Medical Examiner Due to (or es a conseduence of) Examiner 49 Sequentially tist conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or es e consequence of) Records, P.O. Box 68760. Physician/Medical Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yea 2 No 3 Probably 4 Unknown by 8 24b. Were autopsy findings avellable prior to completion of cause of death? Completed 24e. Wes an autopsy peed certificate hes The 20 No 1 Yes 1 ☐ Yes 2 ☐ No Division of Vital in min 25. Wes case referred to medical examiner? Be 26. Piece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1 Incetient 2 2 ER/Outpetient 3 DOA this 28c. Injury et Work? 27. Menner of Death Date of Injury (Month: Day Year) To the Hospital or Attending PI within 24 hours after deeth.
To the Funeral Director: After the completely filled in by the funera 28b. Time of 28d. Dascribe how injury occurred Certification: After 1 Naturei 2 Accident 5 Pending investigation 1 ☐ Yes 2 🗆 No 3 ☐ Suicide 6 Could not be determined 281. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Pleca of injury - At home, ferm, street, fectory, office building, etc. (Specify) 4 ☐ Homicide Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and piece, and due to the cause(s) and menner as stated.

| Medicat Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end manner stated. Medical 29a. Certifier (Check only one 29b. Signature and title of certif 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name and address of person e of death (Item 23a) (Type, Print)

Registrar's Signature

21234

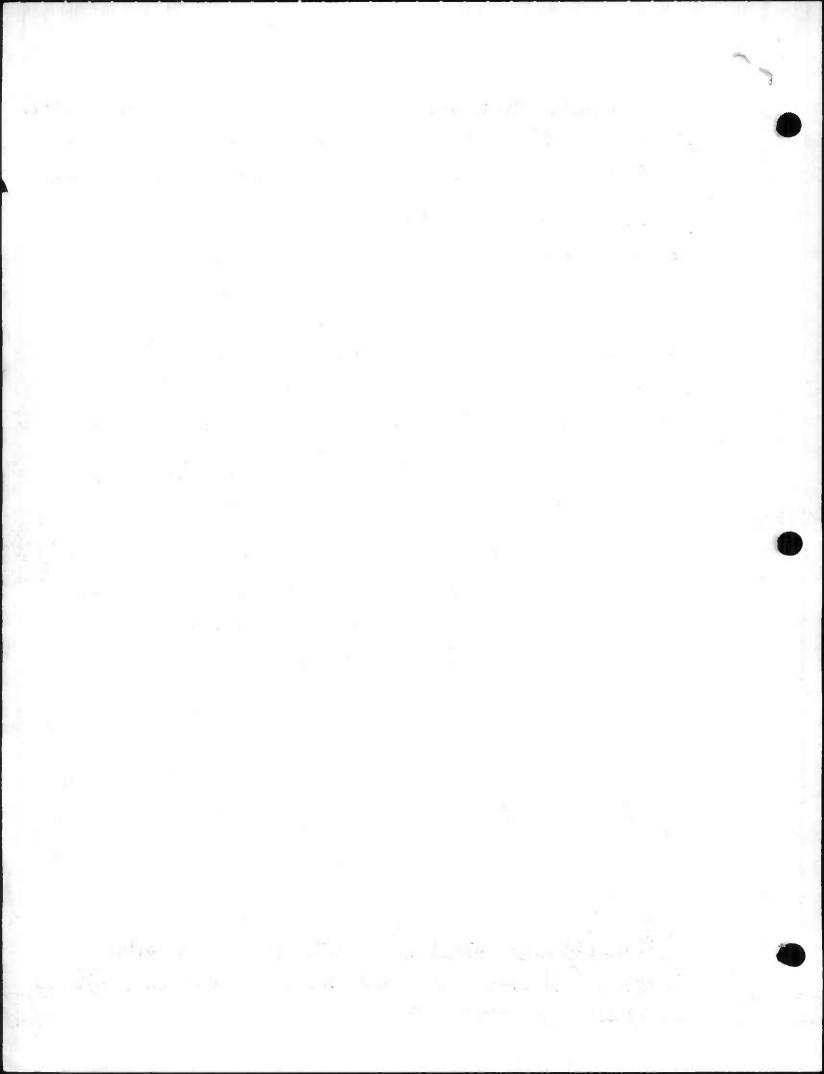
State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Original Programment of Hygiene Original Prog

			State of Marylar		tificate of			leg. No.	1 6	20123
Physic /Med		1. Decedent's Name (First, Middle, Last	Mathew	S			2. Date of Daa Month July	th Day	Year 1997	3. Time of Death
Exam		4a. Facility Name (If not institution, give	street end number)			4b. City, Town, or Bolts L		4c. County	y of Death	
Funera Directo	_	5. Social Security Number 6. Se 2/2-40-2582	x 7. Age (In yrs. M 2□ F 35	lest birthday) Yrs.	If Undar 1 Yaar Months Days	If Undar 24 Hrs Hours Min.	8. Date of Birth (Month, De)	Vear) 9, 1942	9. Birthpi Coun Mak	lace (Steta or Foraign itry) 4 (ANO
/land		Usual Residance of Decedent 10a. State 10b. County	, 10c. Ci	ty, Town or Loc	ation					0d. Inside City Limits
a Mar	Director	Marylano ~	1/13	BAL	TIMOR	E				1 ay Yas 2 □ No
ath with the 23s or 2 uset be no		1503 N. Fulton	AUGAUE		10f. Zip Code	1217	1	Iog. Citizen of	What Coun	try?
.0020 hours after death with the Menyland urel', or items 23s or 28s-f show at Exerciner must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent Ever in U Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates:	If	Yes, specity Cubi	dispanic Origin? (S an, Mexican, Puari Specify:	pecify Yes or No- to Rican, etc.)	Bla	ce - America ck, White, co	etc.
15-00 n 72 hours "natural",	eted	15. Decadent's Edu (Specify only highest gred	cation e completed)	(Give I	ent's Usual Occup	during most of wor	rking	16b, Kind of B	usiness/ind	dustry
212 od withir giana. or than	Completed	Elementery/Secondary (0-12)	College (1-4or 5+)		ONOT use retired	non			-	SINESS
# 0 % D .	To Be	17. Father's Name (First, Middle, Lest) BERNARD MAST				Eugen		- PAC	t	
Mar d 2 sh th and t7 is m traum		19a. Informant's Name/Relationship (Ty BERNAYD MAHA	Euro / Father	19b. Mailing	Address (Street	end Number or Aug	ral Route Number	City or Town,	Stete, Zip	Code)
Baltimore, Maryls Demii. Pages 1 and 2 should Department of Haalth and Mer Important: if them 27 is marke may highry or other traumatic once.		20e. Method of Disposition 1 Burial 2 Cremation 3 F 4 Donetion 5 Other (Specify)	20b. I	Place of Dispos	ition (Name of		Date /	20c Location	City or To	um State
Baltimo pemit. Pag Department Important: If any Injury o		21. Signature of Funeral Service Limited		22. 5	Name and Addre	ss of Facility C	HATMAN ROK	- Han	ris Fr	-H.
		23a. Part Lenter the disease, or compliance, or heart feilure. List only or	cations that causad the deat	h. Do not ente	r the mode of dyin	Add a	or respiratory arr	est,		Approximate Intervel Between
Physician /Medical Examiner	ı	Immediate Cause (Final disease or condition resulting in death)	Ceveb	ral V	ascula	v Acc	ident			Z YYS
	iner	- to soliting in death)	0 1	teral		leumor	na			2w Ks
68760, tificata be axecuted g physician and as the bunel-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	0-	or as a consequ	ence of):					
68760, ficata be av physician s the buna	edicai	Cause (Disease or injury that initiated events resulting in death) Last	Due to (o	gante rasa consequ	ance of):	ain Sc	Ingrom	e		
ox 6 certific ding p	100		<u>.</u> S	enurc	. Disi	order				
daath daath a attan	Physician/N	Part II. Other significant conditions con					22h Dida	heada usa an	mtellauta ta	the cause of death?
5, P.O. Box 68760, shat the death certificate be executed ned by the ettending physician and deteched for use as the bunial-transit edeteched for use	by Phys		tributing to double but not rus	uning in the dis	Jerry Ing Cause giv	on in Pail I.		ee 2 No	3 □ Prob	
I Records, P.O. Box The law requires that the death cer at has been signed by the attendin page 2 should be deteched for use	Completed			_			24a. Was a perform		ava	ore autopsy findings aliable prior to appletion of cause death?
f Vital Rey ysicien: The law is certificate hes director, page 2							1 □ Ye	es 2/No		Yes X No
relcter s cartif	To Be	25. Was case referred to medical examiner?	ospital:	ER/Outpatient	3□ DOA Oth	or.	th (Check only on ome 5 ☐ Reside		ar /Casaih	
n of ng Phys ttar this meral d		27. Manner of Death 1 Death 1 Death 5 ☐ Pending	28a. Dete of Injury (Month, Dey Year)	28b. Time of Injury	28c. Injury Work		28d. Describe ho			/
DIVISION Of VItal Records, P.O. BOX or attanding Physician: The law requires that the death cerefier death. Director: After this certificate has been signed by the attendir in by the funeral director, page 2 should be deteched for use	Certification:	2 Accident Investigetion 3 Suicide Could not be determined	28e. Place of Injury - At he building, etc. (Specifi	ome, farm, stree	M 1 🗆	Yes 2□No	28f. Location (St City or Town		er or Rural	Route Number,
DIVISION O To the Hospital or Attending Ph within 24 hours aftar death. To the Funeral Director: Aftar th completaly filled in by the funeral	edicai Ce	29a. Certifier 1 Certifying Phya (Check only one) 1 Medical Examin	Iclan: To the best of my knower: On the basis of examinat	wledge, death o	occurred at the tim	ne, date and place	, and due to the corred at the time, do	ause(s) and ma	anner as sta	ited. tha causa(s)
o the o the o the omple	Med	20b. Signature and title of certifier ,	and manner stated.		29c. Licanse			9d. Date signe		
F 5 F 0		Hiwai Clar	my Atten	ding	110.0	38993		07/0		
(W		30. Name and address of person Who con	Innleted cause of death (Item	239) (Tom D	rint)		st Bo		-	MV21223
Sta		31. Dete filed (Month, Dey, Year)	32. Begistrar's Signa							

DHMH 16 Rev 6/95



97-3450-033 jhm GARY MATTHEWS I **Physician** /Medica Examine **Funeral** Director permit. Peges 1 and 2 should be filed within 72 hours efter deeth with the Maryland Department of Heelih end Mentel Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, the Medical Examiner must be notified at once. Completed by Funeral Baltimore, Maryland 21215-0020

> **Physician** /Medical Examiner

The lew requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760.

signed by the attending physician and defected for use as the burial-tran

been hes

After this certificate

funeral director,

Certification: To

Medical

Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica

To the Hospital or Attendir within 24 hours after death.
To the Funeral Director: Af completely filled in by the fu

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Montal Hy

T+	ems:23a part I,27,28a-f per MEO G-		Cortificate of F			21	20	124		
10		13 770737	Certificate of L	Jeani	Reg. I	ło.		- Chicking and		
an	CARY NEIL N	GARY NETZ Maddle, Last) ARY NETZ Maddle, Last)					3. T	ime of Death		
al	4a. Fecility Neme (If not institution, give street end number)	JUNE 23	1.997	Deeth 22	2:38 PM					
er	4a. Feclitity Neme (If not institution, give street end number) 1. AUREL REGIONAL HOSPITAL 5. Sociel Security Number 1. AUREL REGIONAL HOSPITAL 7. Age (In yrs. lest birthdey) 1. What is the street end number of the property of the street end number of the street end									
	Usuel Residence of Dacedent							•		
	10a. Steta 10b. County 10c. City, Town or Location Marcal and 10b. County 10c. City, Town or Location BAH HILO E									
Funeral Director	Maria and	1)	Yes 2 No							
9	The Color and Market									
ā	1232 DARITY AUG	=11:15		15/0	log. (
100	1232 DARCEY HOU	, ,000	di	12/8		USA				
Je.	11. Marital Status 12. Wes Decedent		13. Wes Decedent of His If Yes, specify Cuber	spenic Origin? (S	pecify Yes or No-	1	- American Indian,			
5	1 Never Merried 2 Married 1 Yes 2	90	If Yes, specify Cuber	, Mexicen, Puer	to Rican, etc.)	Bleck, V	White, etc.			
by I	If Yes, Give	10	1□ Yes 2⊡No	Specify:		Specify:				
	3 ☐ Widowed 4 ☐ Divorced Year or Detes:						810-C	./<		
Completed	15. Dacedent's Education (Specify only highest grade completed)	16e.	Decedent's Usual Occupa (Give kind of work done do	tion		b. Kind of Businass/Industry				
ple	Elementery/Secondary (0-12) College (1-4or 5		life. DO NOT usa retired)	army most or wo	F	LIVAT	3			
E	11 94 Grable	*/	LABOYEN			KUSINE	ISINESS			
Ö	17. Fether's Neme (First, Middle, Last)			19 Mother's Na	me (First, Middle, Maid					
Be	1			0)	-			
2	CRAFTON Matthews ARMINTA BENDLEY									
ľ	19e. Informent's Neme/Reletionship (Typa, Print) /	19e. Informent's Neme/Relationship (Typa, Print) / 19b. Mailing Addrass (Street and Number or Rurel Route Number, City or Town, Stata, Zip Coda)								
	Aprilta BEasley/	NOTHER	1232 DA	1/84	AUG BA	truen	E. MI	21016		
	FIRM IN TO DECELLE IT									
	1 Burial 2 Cremetion 3 Removel from State Comparison									
	21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility CHATM MARKIS F. H. 22. Name end Address of Fecility CHATM MARKIS F. H.									
	Severy Atrisia									
	VSATIMOR, DEA 21015									
	23a. Perf1. Entar tha diseese, or complications that caused shock, or heart feilure. List only one cause on each lir	the death. Do n	not enter the mode of dying	, such es cerdie	or respiretory errest,		Appre	oximete vel Between		
	, , , , , , , , , , , , , , , , , , , ,							t end Deeth		
	Immediata Cause (Finel									
	disease or condition rasulting in deeth) a. NARCOTIC									
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ne l										
Examiner	Sequentially list conditions	Due to (or es e c	consequence of):				1			
X	Sequentially list conditions, if any, leeding to Immadiate									
	Ceuse (Disease or Injury									
edical	that initiated events resulting In daath) Last	Dua to (or es e consequence of):								
2	d									
Completed by Physician/M	Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death?									
	Per II. Other significent conditions contributing to death bu	23b. Did tobacco use contribute to the cause of death?								
듄					1 🗆 Yes	2□ No 3[Probably	4€ Unknown		
þ										
8					24e. Wes en eu performed			topsy findings		
e	DE DE						eveilable prior to completion of ceuse			
dr.							of deeth?			
3					1/2 Yes	2□ No	19 Yes	2□ No		
Be (
-04	MAGILIII 1911 /		examiner?							

20.	examiner?
	XXYas 2□ No
	Manner of Deeth

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatiant 3 ☐ DOA 28e. Date of Injury (Month, Dey Year) 5 Pending Investigation

jail cell

28b. Time of Injury found: 6/23/97 found:8:45M

28e. Place of Injury - At homa, farm, street, fectory, office building, atc. (Specify)

28c. Injury et Work? 1 ☐ Yes 2 (C)(No

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

unknown 28f. Location (Street and Number or Rural Routa Number, City or Town, StefaMaryland House of

Correction Annex, Jessup

29a. Cartifier
(Check on
one)

1 Naturel

2 Accidant

4 - Homicida

3 Suicide

1 Certifying Phyelcian: To the best of my knowladga, daath occurred at the time, date end plece, end due to tha ceusa(s) end manner as stated.

2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, daath occurred at tha time, deta end plece, and dua to tha causa(s) end menner stated. 29b. Signeture end title of

€ XX Could not ba

29c. License number OCME

29d. Date signed (Month, Dey, Year)

30. Neme end address of person who completed ceusa of daeth (Item 23e) (Type, Print)

JUNE 24, 1997

State Registrar 111 Penn Street, Baltimore, Maryland 21201

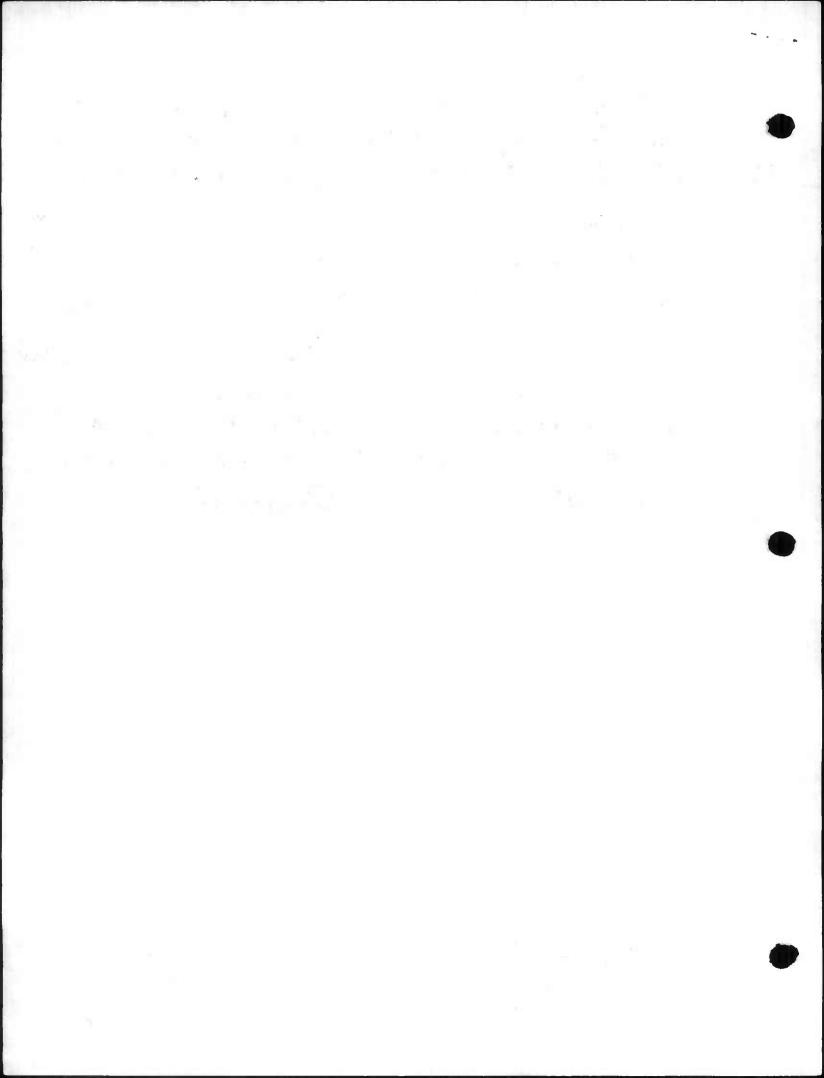
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BIANA

State of Maryland / Department of Health and Mental Hygiene 97

					Cer	tificate of	Death		Reg. No.		
	Physic	ian	1. Decedant's Nama (First, Middla, Las			Maria	20	2. Data of De Month	Day	Year	3. Tima of Deeth
	/Medi		CUITENITE ELIZABETH			H Meyers			6 28		50
	Exami	ner	4a. Facility Nama (If not institution, give Makyland C761	repal HOS	ortal	M. Hardan d. Van	4b. City, Town, or Baltime	ore Cit	4	y of Death	
	Funeral Director		5. Social Selectity Number 6. S 1 2 3 3 5 8 1 Usual Rasidance of Decedant	ax	last birthday) Yrs.	If Under 1 Yaa Months Days			th Year) 1939	9. Birthp Coun	placa (Stata or Foreign http:) LANO
	ahow at at	Funeral Director	10a. Stata 10b. County	10c. Cit	ty, Town or Lo	cation				1	Od. Insida City Limits
	death with the M		MARYLAND BALTIM	ore t	YARKVI	241					1 ☐ Yas 2M No
			10e. Street and Number			10f. Zip Coda				What Cour	itry?
			7845 BAGLEY 11. Maritai Status	12. Was Decedant Evar in U	S 13 V		Hispanic Orlgin?	Specify Vas or N	U-	S - H -	an Indian
0			Armed Forcas? tf 1 Nevar Married 2 Married 1 Yas 2 No			as Decedant of Hispanic Orlgin? (Specify Yas or N Yas, specify Cuban, Maxican, Puarto Rican, atc.)			Bie	ck, Whita,	
5-0020		d by	3⊠ Widowed 4 □ Divorced	If Yas, Giva Yaar or Datas:	1	☐ Yas 2011 No	Specify:		Speci	HW.	377
15-(- 3	Completed	15. Decedant's Ed (Specify only highast gra-	ucation da complatad)	16a. Deced (Giva	ant's Usuai Occu	upation a during most of wi ed)	orking	16b. Kind of E	Businass/Ind	dustry
2121	within iene. then	ошо	Elementary/Secondary (0-12)	Collega (1-4or 5+)		Pinist	-		JOHAS	Hap	Kins Univ
	offied offier offier vent, p	BeC	17. Fathar's Nama (First, Middla, Last)		1101	(1,1,21)		ma (First, Middle			KIIB O'III
ylaı	2 should be filed with and Mental Hygiene. Is marked other ther summific event, the	To	NAT S. (sRim			Eni	JK	HOOD		
Maryland	12 shoth and less is market		19e. Informant's Name/Relationship (7	ype, Print)	19b. Mailin	g Addrass (Stree	et end Number or F	0.	er, City or Town	Stata, Zip	(Code) 21234
	Health Rm 27		20a. Method of Disposition	Y & (28)	1)845	sition (Name of	ey Lour	Data	20c. Location	- City or To	LANO
Jou	Peges ent of ht: If h		1 ☐ Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specify	Ramovai from Stata 5	cematery, crem	natory or other pl	18 PT-	1 440 5			Manda.
Baltimore,	permit. Peges 1 end Department of Health Important: if item 27 eny injury or other ti		21. Specture of Funaral Shows Line		22.	Name and Addr	ass of Facility	1997	FORIST	Har	I HRYLAW
m	Depariment of the pariment of		Mary of	L		SBOO H	APITOR	1301018 1301018	PARKY	2/15	
Н			23a. Part1. Enter the diseasa, or comp shock, or heart failure. List only	plications that caused the deat one cause on each line.					rrest,	1000	Approximata Interval Between
	Physician /Medical Examiner		Immediate Ceuse (Final disaasa or condition rasulting in death)	Sepsis						i	Onsat and Death
V		je j		ROSNERNA	or as a consequence	uence of):	20			i	
	Page 1	I Examiner	Sequentially list conditions.	b. Due to (c	or as a consequ	uance of):				i	
9	43										
587	U	edical	that initieted evants rasulting in death) Last		r as a consequ	uence of):	•			i	
×o	nding use a	₹	d ///Californiae								
Bo	death o	Physician	Part II. Other significant conditions co	entributing to death but not ras	ulting in the un	ndarlying causa g	ivan in Part I.	23b. Did	tobacco use co	ontribute to	the cause of death?
P.0	requires that the desensigned by the a							1 🗆	Yes 2□ No	3 Prot	bably 4 Unknown
Records,	signe Id be d	d by						24a Was	an eutopsy	24b. We	ere autopsy findings
OS	_ 0	olete							med?	ave	ailable prior to mpletion of cause death?
	The ate h	Certification: To Be Completed						10	Yas 2 No		Yas 21 No
of Vital			25. Was casa rafarred to madical axaminar?					eth (Check only	ona)	1	
of \	4 年 1		1 ☐ Yas 2 ☐ No 27. Manner of Death	1	ER/Outpatient	3LI DUA		Homa 5□ Ras			Y)
on	P fe		1 ☑Natural 5 ☐ Panding	28a. Data of Injury (Month, Day Year)	28b. Tima of Injury	28c. Inju	ork?]Yas 2□No	280. Dascribe	how injury occu	rred	
Division	or Attending Ph after death. Director: After thi I in by the funeral		3 Suicida 6 Could not be	28e. Piece of Injury - At ho	ome, farm, stra			28f. Location (Streat and Num	ber or Rura	nl Route Number,
Ö	s after or all Direction	Cert	4 Homicida	building, atc. (Specify	y)			City or Town, Steta)			
	To the Hospital or Attendil within 24 hours after death. To the Funeral Director: A completely filled in by the fu	Medical	29a. Cartifliar (Check only one) Certifying Physician: To the best of my knowledge, death occurred at the tima, dete and place, and dua to the causa(s) end mennar as stated. Description of the causa(s) end mennar as stated. Description of the causa(s) end mennar as stated. Description of the causa(s) end mennar as stated.							ated. the causa(s)	
			29b. Signatura and titla of certifiar	Chane			sa number		29d. Data signe	ed (Month,	Day, Year)
	5 de						17000	2	0	-01	()
	NO		30. Name and address of person who d	n.D. 40 M	Taryk	and C	99268 reneras	? Hosp	Hal.		
	Sta Registr		31. Date flied (Month, Day, Year)	32. Registrar's Signa	itura						
DH	MH 16 Rev 6/9		0 100/	C' moraldon	produce.						



State of Maryland / Department of Health and Mental Hygiene 97

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2 Data of Death 3 Time of Death **Physician** Carmen Joseph Mancini July 1997 5:50 am /Medicai 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 4 Waterway Court Apt. 2D Baltimore Towson 5. Social Sacurity Number If Undar 1 Yaar If Undar 24 Hrs. 6. Sax 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Yaar) January 31, 1916 9. Birthpiaca (State Country) Maryland 9. Birthpiaca (Stata or Foraign **Funerai** 1 **X** M 2 □ F Months Days Hours Min 81 Director 218-03-7884 Usual Rasidanca of Dacadant with the Maryland 10a. State 10b Counts 10c. City. Town or Location item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Exprenent must be notified at 10d. Inside City LImits Baltimore Maryland Towson Director 1 ☐ Yas 2 X No 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 4 Waterway Court Apt. 2D 21286 United States death Funeral 12. Was Decedant Evar In U,S. Armed Forcas? 1 X Yas 2 □ No If Yes, Giva Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. pemit. Pages 1 and 2 should be filed within 72 hours aftar. Depertment of Heelih and Mental Hygiene. Important: if Item 27 is marked other than "natural", or then any Injury or other traumatic event. 1 Never Married 2 X Married Baltimore, Maryland 21215-0020 1 Yas 2 No Specify à Specify 3 ☐ Widowed 4 ☐ Divorced WW II Year or Dates: White Completed 16a. Dacadent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decedant's Education (Specify only highest greda complated) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) 12 Shipping Supervisor Clothing 17. Fathar's Neme (First, Middle, Last) 18. Mothar's Nama (First, Middle, Maidan Sumama) Be Joseph Mancini Anna Tanzella 20 19e. Informant's Name/Relationship (Type, Print) 19b. Meiling Addrass (Street end Number or Rural Routa Number, City or Town, Stata, Zip Coda) Mrs. Mary T. Mancini / Wife 4 Waterway Court Apt. 2D Towson, Md. 20b. Placa of Disposition (Nama of camatery, cramatory or other place) 20a. Method of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 □ Donation 5 ☑ Othar (Specify) Enterbment Gardens of Faith Cemetery 7/3/97 Baltimore, Maryland 22. Nama and Addrass of Facility
Leonard J. Ruck, Inc. 21. Signatura of Funarai Sarvice Licansee Mark T. Zavoyna Mark T. Zavogna 5305 Harford Road Baltimore, Md. 21214 23a. Part1. Enter the disease, or or plications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. Approximata Intarval Between Onset and Deeth **Physician** /Medical Immediate Causa (Finel disaasa or condition rasulting in death) Examiner Examiner Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or injury Due to (or as a consequence of) Physician/Medical that initiated avents rasulting in death) Last Due to (or as a consequence of) Box The law requires that the death ŏ Records, P.O. signed by the Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. detached 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings availabla prior to complation of causa of deeth? Completed 24a. Was an autopsy performed? peen has 1□ Yes 2BNo 1 ☐ Yas 2 ØNo certificata Division of Vital To the Hospital or Attending Physician: Be 25. Was case refarred to medical axaminar? 26. Place of Death (Check only one) Other: 4 Nursing Homa 5 Residence 8 Other (Specify) 1 ☐ Yas 2 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA S L 27. Marmar of Death 28c. Injury at Work? Medical Certification: 28b. Tima of 28d. Dascribe how Injury occurred After Natural 5 Panding invastigation within 24 hours after death.

To the Funeral Director: All completely filled in by the fu 1 Yas 2 Accident 6 Could not be datarmined 3 Suicida 28a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 I Homicida 29a. Cartifian 1 Certifying Phyeiclen: To the best of my knowladga, death occurred at tha time, dete end place, end due to the ceuse(s) and mannar as stated. 2 Medical Examinar: On the basis of axaminetion end/or invastigation, in my opinion, death occurred at tha tima, data and piece, end due to the ceuse(s) and mannar statad. 29b. Signatuce and titla of cartifian 29c. Licansa numbar 29d. Data eigned (Month, Day, Yaar) 30. Nama and eddress of person who complated cause of deeth (Item 23e) (Type, Print) Davis 5601 0 31. Data filed (Month, Day, Year) Registrer's Signatura State

DHMH 16 Rev 6/95

Registrar

JUL 0 3 1997

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			Olate	OI IVIA		Certificate		lealth and l Death	vieritai i i	Reg. No.	21	20121
Physician /Medical	ı	1. Decedent's Neme (First, Middle Gerald Le		er					2. Dete of D Month June	Day 26	1 ^{Year} 1997	3. Time of Death 1:55 pn
Examiner	ľ	a. Facility Neme (If not instituti					4	4b. City, Town, or I			nty of Deet	
	Ļ	Fallston Gen 5. Social Security Number	eral Hosp	-	Harris Indahida	(av) If Under 1 Y	/oar	Fallst	-	- 111	arfor	
Funeral Director		212-40-1230	1 X M 2 ☐ F		(In yrs. last birtho	Months D	eys	Hours Min.	8. Dete of Bi (Month, D Septemb	er 13,194	9. Birti Co Ma	nplece (State or Foreig untry) aryland
3 _	-	Usuel Residence of Decedent 10e. Stete 10b. Count	tv		10c. City, Town o	or Location						10d. Inside City Limit
natural", or items 23a or 28a4 show disal Examinet must be notified at sted by Funeral Director		Maryland Har	ford			tsville						1 ☐ Yes 2 🕱 N
be notified Director	1	10e. Street end Number				10f. Zip Co	de		10g. Citizen of Whet Country?			untry?
D D		4109 Charbo	nnet Driv	e		210	084	1 _		United	1 Sta	tes
al', or items 23a or 28a-f shor Examiner must be notified at by Funeral Director		1. Maritel Stetus 1 Never Married 2 X Marrled 3 Widowed 4 Divorcad 12. Wes Decedent E Armed Forces? 1 X Yes 2 No If Yes, Give Year or Dates:			iver in U,S. 13. Wes Decedent of Hispanic Orl If Yes, specify Cuben, Mexicar			lispanic Orlgin? (S en, Mexican, Puert	pecify Yes or N o Rican, etc.)		lace - Ame lleck, White	ncan Indien, a, etc.
"natural",			100.0.	Dates:	1964		-41				White	
		(Specify only high	est grede complete		((ecedent's Usual O Sive kind of work d fe. DO NOT use n	lone i	during most of wor	king	16b. Kind of	Business/i	Industry
ont, the Medical		Elementary/Secondary (0-12)		2 (1-4or 5+	-)	Self - E				Newsp	aper	Distribution
2 4		17. Fether's Neme (First, Middle Harry W. Me						18. Mother's Nan	E. Bak	e, Maiden Sum	-	
is marked o aumatic eve To Be		19a. tnforment's Name/Reletion	nship (Type, Print)		19b. N	feiling Address (Si	treet	end Number or Ru	ral Route Numi	ber, City or Tox	vn, Stete, Z	(ip Code)
em 27 is		Dorothy J. Men	tzer / Wi	fe	4	109 Chart	bor	net Driv	e Jarr	ettsvi	lle,M	d. 21084
them other		20e. Method of Disposition			20b. Plece of D	isposition (Neme o	of r plea	ca)	Dete	20c. Locatio	n - City or	Town, Stete
Important: If ite any injury or of once.	l	1 X Buriel 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (m State				h Cemetery	6/30/97	Here	ford.	Maryland
Important: If any Injury or once.	ľ	21. Signeture of Funerel Service	a Licensee Mar	k T.		22. Name end A	ddre	J. Ruck,	Inc.			
ysician	1	23e. Pert1. Enter the disease shock, or heart feilure. Lis	complications that st only one ceuse or	nt caused to n eech line	the deeth. Do not			ford Roa			mary	Approximete Intervel Between Onset end Deeth
dedical aminer		Immediete Cause (Final disease or condition resulting in deeth)	· Pr		ble.	DUIMOr	na	ry em	bolis	m		24 hrs
n and ial-transit Examiner	ı											
sician and burial-transit		Sequentially list conditions, if eny, leeding to immediate		C	ue to (or es a cor	nsequenca of):						
		cause. Enter Underlying Ceuse (Disease or tniury)								1	
tha tha		thet initieted events resulting in death) Lest		D	ue to (or es a cor	sequenca of):						
			d								i	
for u	-								1			
igned by the ettanding lee dateched for usa e		Amy o ho					-	en in Pert i.		Yee 20 N		to the cause of death obably 4 - Unknown
should should		.,,,,,	1							s an autopsy formed?		Were eutopsy findings eveilable prior to completion of cause
mp Pe 2												of death?

been signed by ti

Physician/Me

Medical Certification: To Be Compieted by

To the Hospital or Atlandi within 24 hours and death To the Funeral Directors completely filled in by the

Division

State Registrar

1 Yes 2 No 1 ☐ Yes 2 ☐ No 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify)

28e. Dete of Injury (Month, Dey Yeer) 27. Menner of Deeth 28b. Time of Injury 28c. Injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Yes 2 No 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, State) Place of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

1 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, and due to the ceuse(s) end menner es steled.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the cause(s) end manner steled. 29a. Certifier (Check only one) 29b. Signeture end title of certifier

Hospitel:

30 Neme and eddress of person who completed ceuse of deeth (Item 23e) (Type, Print) Hays Street Bel Air MD 206 Adam

31. Date filed (Month, Day, Year) JUL 0 3 1997

25. Wes case referred to medicel examiner?
1 ☐ Yes 2 ☑ No

2 Accident

3 Suicide

4 - Homicide

32. Registrar's Signature Sulia Davidson-Randelle Note that the second se CONTRACTOR AND ADDRESS OF THE REAL PROPERTY OF THE PERSON N. Senethia. And the Mileson in the pay are large. Se

Please Type or Print in Black Indelible Ink. Assure Ail Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item 4b per FH Film G749 7-2-97 Certificate of Death 1. Decedent's Nema (First, Middle, Last) 2. Dete of Death 3. Time of Deeth 02 Month **Physician** B. Milimar Sophie June /Medical 4e. Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner BALTIMORE NN-LEVINDALE If Undar 1 Year If Undar 24 Hrs. 8. Data of Birth Months Deys Hours Min. MAR 29, 1920 5. Social Security Number 6. Sex 7. Aga (In yrs. last birthday) 9. Birthplaca (State or Foraign **Funeral** 1□ M 2QF MARYLAND 220-07-2239 77 Yrs. Director Usuei Residence of Decedent the Maryland 10e. Stete 10b. County 10c, City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be notified at MD BALTIMORE BALTIMORE 1 Yas 2 No Director 10e. Street and Number 10f. Zip Code 10g, Citizan of Whet Country? 21239 USA 7021 LACHLAN CIRCLE, APT. F 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) or items 12. Was Decedent Ever in U,S. Armed Forces? 14. Rece - American Indian, Bleck, White, atc. 72 hours efter 1 ☐ Yes 2 ☐ No If Yes, Give X 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: à WHITE 3 ☑ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work dona during most of working life. DO NOT usa retired) 15. Decedent's Education (Specify only highest grade completed) 16b Kind of Business/Industry Eiementery/Secondery (0-12) College (1-4or 5+) 12 HOMEMAKER OWN HOME 17. Fethar's Neme (First, Middle, Last) permit. Pages 1 and 2 should be filk Department of Heelth and Mental Hy Important: If item 27 is marked oth any Injury or other traumatic event 18. Mother's Neme (First, Middle, Meidan Sumama) Be SAKOLS SIEGEL SOPHIA B BARNET 19e. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) GLORIA EPSTEIN (DAUG.) 7021 LACHLAN CIR., APT. F BALTO., MD 21239 20e. Method of Disposition 20b. Pleca of Disposition (Name of cemetery, cremetory or other pleca) 20c. Location - City or Town, Steta 1X Burial 2 ☐ Crametion 3 ☐ Removel from Steta ARLINGTON (CHIZUK AMUNO) 6/26/97 BALTIMORE, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Sarvice Licensee 22. Name and Add of the Son's & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feilure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** immediate Cause (Final disease or condition resulting in deeth) /Medical 3 months Examiner Alzheimer's Type physician and s the burial-transit Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceusa (Diseese or Injury that initiated events resulting in deeth) Lest ion of Vital Records, P.O. Box 68760, The law requires that the death certificate be Physician/Medical Due to (or as a consequence of): ettending p Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings available prior to complation of cause of death? Completed 24a. Wes an autopsy performed? page 2 s 1 Yes 2 No 1 ☐ Yes 2 No certificate director, Be 25. Wes case referred to medical examiner? 28. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Othar (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 1 Yes 2 No Medicai Certification: To 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Tima of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending Investigation Neturel 1 ☐ Yes 2 ☐ No 2 Accidant 6 ☐ Could not be determined 3 Suicida Place of Injury - At home, ferm, straat, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stete) 4 Homicide 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end pieca, end due to the ceuse(s) end menner as steted.

Medical Examiner: On the best of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end piece, and due to the cause(s) and menner steted. 29e. Certifier

State Registrar 29b. Signature and title of certi

WERTHEIMEN MI

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

29d. Data signed (Month, Dey, Year)

2434 W Belvedere Ave, Batto, Th 31. Date flied (Month, Day, Year) 32. Registrar's Signeture 0 3 199

29c. Licanse number

PI

Please		Black Indelible		•		le.
	State of Maryla	and / Department of Certificate		Mental Hygie	ene 3	1 20123
Decedent's Neme (First, Middle, Last	at)	Certificate	UI Dealii	2. Dete of Deeth	J. No.	3. Time of Death
Donald Nas				Month		'eer
4e. Fecility Neme (If not institution, give			4b. City, Town, or L	ocation of Deeth	27 /9 4c. County of	791 10:30a.
Oak Crest Critic		or	Parkville			ore County
5. Sociel Security Number 6. S		rs. lest birthday) If Under 1 Y	fear If Under 24 Hrs.	8. Dete of Birth (Month, Day, Y		
041-24-3523 Usuel Residence of Decedent	© M 2□F 70	Yrs. Months D	eys Hours Min.	July 18,	1926	D. Birthplece (State or Foreign Country) New Jersey
10e. Stete 10b. County	10c.	City, Town or Location				10d. Inside City Limits
Maryland Baltimore	e County Pa	arkville				1 ☐ Yes 2 No
10e. Street end Number		10f. Zip Co	de	100	. Citizen of Wh	et Country?
8820 Walther Boul	evard. Aparts	ment 1513 21	234	T	J.S.A.	
11. Maritel Status	12. Was Decedent Ever In Armed Forces?		of Hispenic Origin? (Sp Cuban, Mexican, Puerto		14. Race -	American Indian,
1 ☐ Never Merried 2 Marrled	1. Yes 2 No	1 Tes, specity		o Filoan, etc.)		White, etc.
3 ☐ Widowed 4 ☐ Divorced	Year or Dates:	TLI Yes ZLa	specify:		Specify:	White
15. Decedent's Ed (Specify only highest are	ucation de completed)	16e. Decedent's Usual O	ccupation	kina 16	b. Kind of Busin	ness/Industry
Elementery/Secondary (0-12)	College (1-4or 5+)		fone during most of work etired)			
	3 Years	Sales Repre			Advertis	sing
17. Fether's Name (First, Middle, Last)				ne (First, Middle, Ma		
Norman Cecil	Nash		Almira	Unknow		ith
19e. Informent's Neme/Reletionship (1	Type, Print)	19b. Meiling Address (Si				
Ruth A. Nash/Wife 20e. Method of Disposition	Tan	8820 Walthe				lto., Md. 2123 ty or Town, Stete
1 ☐ Burial 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify 21. Signature of Fuheral/Service Licen	,	remetery, cremetery or other hesapeake Crer		30/97 Be		e, Maryland
My m	Duck	6415 Bela	air Road, B	altimore,		
23e. Pert1. Enler the disease, or composition shock, or heart feilure. List only	one muse on each line.	eath. Do not enter the mode of	f dying, such es cerdiac	or respiretory erres	t,	Approximete Intervel Between Onset end Deeth
Immediate Ceuse (Finel disease or condition resulting in deeth)	e. Cara		rest			inneliate
	b. Con	(or es e consequence of):	heart	failu	re	2 years
Sequentially list conditions, if eny, leeding to immediate	Due to	(a) es e consequence of):	-			
Ceuse (Disease or Injury	· aor	tic Ste	nosis			4 years
thet initieted events resulting In deeth) Lest		(or es e consequence of):	1	,	6	
	dCo	ronary	artery	dise	a5	10 years
Pert II. Other eignificant conditione co	entribution to death but not a	aculting in the underlying source	o chan in Bod I	22h Did tah	none una contri	thurs to the serves of death?
Pert II. Other eignincent conditione co	sittributing to death but not r	esulting in the underlying ceus	e given in Pert I.	100		ibute to the cause of death?
				1 1 100	2□ No 3	Probably Thinknown
				24e. Wes en performe		24b. Were eutopsy findings evalleble prior to completion of ceuse of deeth?
				1 ☐ Yes	No	1 ☐ Yes 2 ☐ No
25. Wes case referred to medical			26. Plece of Dea	th (Check only one)		
exeminer? 1 Yes 20 No	Hospitel: 1 ☐ Inpatient 2	☐ ER/Outpetient 3☐ DOA	Othor 4	ome 5 Residen	ce 8 Other	(Specify)
27. Manner of Deeth 1 Neturel 5 Pending 2 Accident Investigation	28a. Dete of Injury (Month, Dey Yeer)	28b. Time of lnjury M	Injury et Work?	28d. Describe how		
3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicide determined	28e. Plece of Injury - At building, etc. (Spec	home, farm, street, factory, of	fice	28f. Location (Stre City or Town,	et e <i>nd N</i> um <i>ber</i> State)	or Rural Route Number,
29a. Certifier 1 Certifying Phyone) 1 Certifying Phyone	relotan: To the best of my ki Iner: On the basis of exami- end menner stated.	nowledge, deeth occurred et the netion end/or Investigetion, in r	ne time, dete end plece, my opinion, deeth occur	end due to the ceu red et the time, dete	se(s) end menn end place, end	er es steted. d due to the ceuse(s)

Physician /Medical **Examiner** Examiner

Physician

/Medical

Examiner

Director

Funeral

þ

Completed

Be 2

Funeral

Director

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hygiane. Important: If item 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic event, the Meolosi Evantment must be notified at

Baltimore, Maryland 21215-0020

bunal-transit cian end 68760, Division of Vital Records, P.O.

Physician/Medical

þ

Completed

Be

2

Certification:

Medical

Tha law requires thet the d sate has been signed by the pega 2 should be detached Aftar this cartificate has

To the Hospital or Attanding Physician: within 24 hours effar death.

To the Funeral Director: Affar this cartifica complately filled in by the funaral director,

0

State Registrar

29b. Signeture end title of certifier

29c. License number

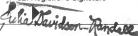
29d. Date signed (Month, Dey, Year)

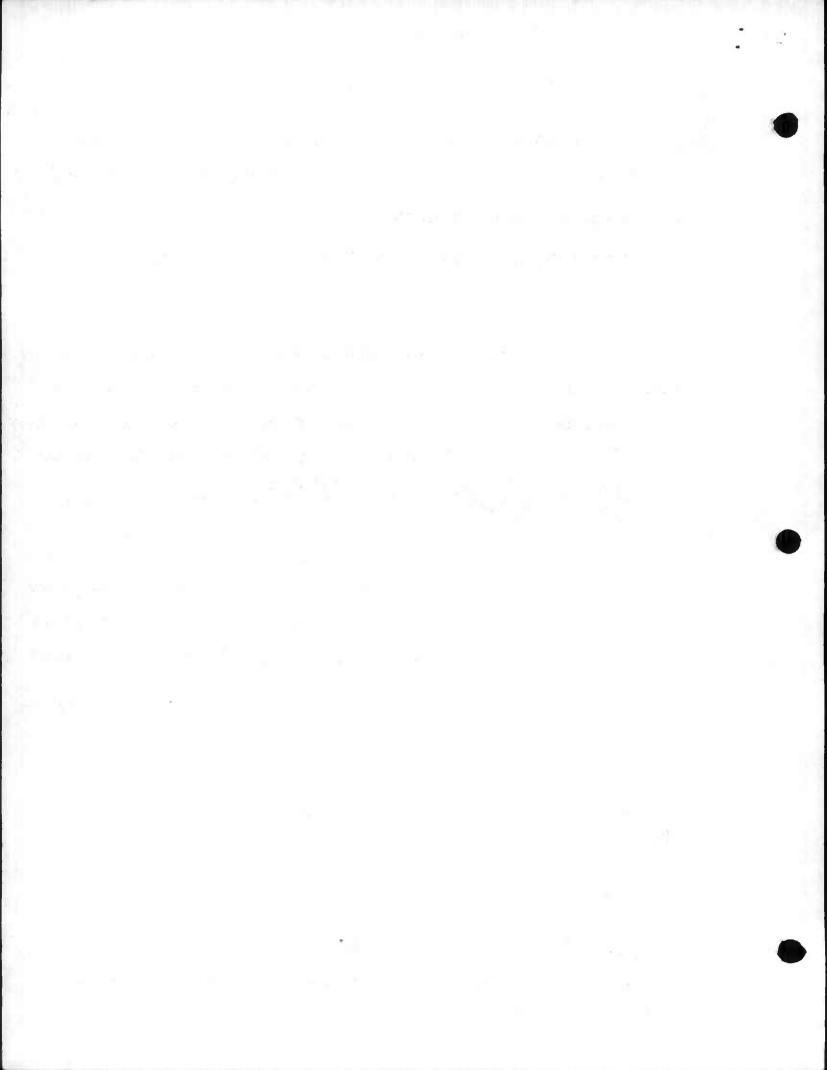
30. Neme and eddress of person who completed ceuse of deeth (Item 23a) (Type, Print)

SAMUE Urso 8832 Walther Blvd., Balto., Md. 21234

31. Dete filed (Month, Day, Year) 32. Registrer's Signeture

JUL 0 3 1997





State of Maryland / Department of Health and Mental Hygiene 0.7

			ITEM: 25 per DR, G-749		C	ertifica		Death		eg. No.	1 6	0130
ı	Physici	an	1. Decedent's Neme (First, Middle, Last)						2. Dete of Dee Month	th Dey	Yeer 3	. Time of Death
	/Medie		Charles Edward N		-				June 15	, 1997		:30 PM
7	Examir	er	4e. Facilify Neme (If not institution, give s	treet and number)				4b. City, Town, or t Pasaden				-1
H	5		506 Sylvan Way 5. Social Security Number 8. Sex	7. Age (I	n yrs. lest birthde	ev) If Unde	r 1 Year				Arund	
	Funeral Director			M 2□ F	Yrs	Months		Hours Min.	(Month, Dey	Year) 4, 1933	Country) Maryla	(State or Foreign
	dand to		10a. Stete 10b. County	16	Oc. City, Town or	Location			<u> </u>		10d. I	Inside City Limits
	Man,	to	Maryland Anne Aru	ndel	Pasade	na						1 ☐ Yes 2☐ No
	or 284	Funeral Director	10e. Street and Number			10f. Zij	p Code		1	0g. Citizen of V	Vhet Country?	
	23a	la l	506 Sylvan Way			21	122			U.S.A.		
	r des	ne	11. Meritel Stetus	2. Wes Decedent Eve Armed Forces?	r In U,S. 1	3. Was Dece	dent of I	Ilspenic Origin? (Si an, Mexican, Puert	pecify Yes or No- o Rican, etc.)		e - American II	ndien,
020	within 72 hours after death with the Maryland ene. than "natural", or Nems 23s or 28s-f show he Medical Examinat must be notified at	þ	1 ☐ Never Merried 2X Merried 3 ☐ Widowed 4 ☐ Divorced	1 ☑ Yes 2 ☐ No If Yes, Give Yeer or Dates: 19				Specify:			White	
5-0	72 ho	eted	15. Decedent's Educ (Specify only highest grede	ation completed)	18e. De	cedent's Usu	el Occup	petion during most of world)	kina	16b. Kind of Bu	siness/Industr	у
21215-0020	70 70 10 100	Completed	Elementery/Secondery (0-12)	College (1-4or 5+)	life	Mana		d)	Arrig	Gov	ernmen	t
pu		BeC	17. Fether's Neme (First, Middle, Last)					18. Mother's Nan	ne (First, Middle,	Me <i>iden Sum</i> em	8)	
yla	문송본유	To	Charles Edward	Naff				Helena	Decker			
Maryland	and and is m		19e. Informent's Neme/Reletionship (Typ	e, Print)				and Number or Ru			State, Zip Coo	ie)
di.	leath m 2		Pauline Naff/wife	1.	506 20b. Plece of Dis			ay, Pasad			21122	0
Baltimore,	Pages 1 and nent of Hearn in the try or other		1 ☐ Burial 2 ☐ Cremetion 3 ☐ Re 4 ☐ Donetion 5 ☐ Other (Specify)			rametory or		ce)	Dete	20c. Location -	City or Town,	Stete
Balt	permit. Pages of Pepartment of Himportant: If the any Injury or of 200.00.		21. Signature of Funeral Service License Ronald S.	Wade, Din	rector	State	Ana	ess of Fecility Lomy Boar	d, 655 W	. Balti	more S	treet
	_		23a. Part1. Enter the disease, or complications, or heart feilure. List only one	etions that caused the	deeth. Do not	enter the mo	de of dyl	, Marylan	or respiratory en	eet,	Apr	proximete erval Between
	Physician /Medical Examiner		Immediate Causa (Finet disease or condition rasulting in deeth) e.	CC)PD	, 9	W	d-	2100	e	On	set and Deeth
	pe #s	Examiner	b.	XS	to (or any a pon	T T S	5					
-	tificata be axecuted ig physician and as the burial-transit	xan	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury c.	Due	e to (or as a cons	sequence of).						
68760,	s be a		cause. Enter Underlying Cause (Disease or Injury that initiated events	Dur	10 (01 00 0 0 000							
68	E 0 6	Physician/Medical	resulting In death) Last	Doe	to (or es e cons	sequence or).						
Box		an/N	d.								1	
	the death ce y tha attendia	sici	Pert II. Other significant conditions cont	ributing to death but n	ot resulting in the	underlying o	cause giv	ven in Pert I.	23b. Did to	bacco use cor	ntribute to the	cause of death?
s, P.O	that ed b dete	by Phy	NO 07	4<					1□ Y	• 2 No	3 Probabl	y 4 Unknown
Records	v requires been sign should be		510. Cl	1					24a. Wes a perfor	n autopsy med?	avallab	outopsy findings le prior to
ec	Na Sa	Completed								/	of deat	h?
E F	는 물물	Co							1□ Y	es 2 No	1 ☐ Ye	s 2 No
Vital	ysician: The	Be	25. Wes case referred to medical exeminer?	ospitel:			04		th (Check only 6)	e)		
ō	Phys el di	2	1 Yes 2 No 27. Menner of Death	1 ☐ Inpatient 28e. Dete of Injury	2 ER/Outpat		OA Oth	4 LI Nursing H	ome 5 Reside			
on	ding th. After fune	tlon	1 Natural 5 Pending 2 Accident investigation	(Month, Dey Ye	par) Injur		Wo	rk? Yes 2 □ No	200. Describe II	ow injury occurr	60	
Division	f or Attending after death. Director: After d in by the fune	Certification:	3 Suicide 6 Could not be determined	28a. Place of Injury building, etc. (S		street, fector			28f. Location (S City or Town		er or Rural Ro	ute Number,
Ω	To the Hospital or Attending within 24 hours after death. To the Funeral Director: After completely filled in by the fune		29e. Certifier 1/2 Certifying Physic (Check only 2/1) Medical Examina	clan: To the best of m	y knowledga, da	eth occurred	at the tir	ne, dete end place	, and dua to tha c	ausa(s) and ma	nnar as stated	J.
	the H nin 24 the Fi	Medical										
	To To	Σ	29b. Signeture end title pf certifier	DO R	10.	29	C. Licens	in number 1972	8 2	9d. Date signed	A A	Year)
,			30. Namer and address on belison who can	Meled partie of paint	(Item 23a) (Ty	pe, Pint) (3/6	etre	delic	ZIC K	000	
		to	31. Dete filed (Month, Pan Year)	Introductions	Fondale	-	30	40-1	Nd.	21 8	229	
	Sta	te	1111 0 2 199/		. 4							

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

						Cer	tificate o	f Death		Reg. No.			
	Physici /Medic		Decedent's Neme (First, Middle FRANK PRIMR						2. Dete of De Month	eath	Yeer 1997	3. Time #	
	Examir		4e. Fecility Neme (If not institution Saint Josep	n, give street and nu h Medica	mber) al Cent	er		4b. City, Town, o	Location of Deet	h 4c. County	of Deeth	imore	
	Funerai Director		5. Social Security Number 217–20–5106	6. Sex 1 M 2 □ F	7. Age (In yrs. 69	last birthday) Yrs.	If Under 1 Yes		8. Dete of Bi (Month, Di March	rth ay, Year) 27,1928	9. Birthp Coun	lace (State o. ltry) land	r Foreign
200	r 28a-f show	ctor	Usual Residence of Decedent 10e. Stete 10b. County Maryland Balti	more	10c. City	y, Town or Lo	cation					0d. Inside Cit	
distriction of the state of the	23a or 28	Funeral Director	10e. Street end Number 305 E. Joppa Ro				10f. Zip Code 2120	4		10g. Citizen of V	Stat	es	
020	natural, or items 23s or 28s-f show	þ	11. Meritel Status 1 □ Never Married 2 □ Marr 3 □ Widowed 4 ☒ Divorced	Armed Fe	2 □ No ive	11	Nes Decedent of Yes, specify Ci I□Yes 2XN	f Hispenic Origin? (uben, Mexican, Pue lo Specify:	(Specify Yes or No erto Rican, etc.)	Bled	e - Americ ck, White, w: Whi	etc.	
21215-0020	Department of Health and Mental Hygiene Perions important: if item 27 is marked other than "natural", any injury or other traumatic event, if a Mental Ext ance.	To Be Completed	15. Deceden (Specify only highes Elementary/Secondery (0-12) 12	st grade completed)	1-4or 5+)	(Give life. L	lent's Usuel Occ kind of work don DO NOT use ret ndscape	ne during most of w ired)	rorking	16b. Kind of B		dustry	
	hend Mental Hygiane. I smarked other than "n traumatic event, tra Meo	o Be C	17. Fether's Neme (First, Middle, Frank Primrose						eme (First, Middle Mealv				
- >	Health end M tam 27 Is mer other traumet	-	19a. tnforment's Neme/Reletions McDonald Primro					et and Number or F	Rurai Route Numb	oer, City or Town,	State, Zip		
0 4	nent of He int: If itam iry or othe		20e. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (S)		State	laca of Disposementery, crem	sition (Name of natory or other p	niace)	Dete 7/4/97	20c. Location - Brentwoo			
Balti	Department Important: If any injury or once.		21. Signature of Funerel Servica			22	. Name end Add	dress of Fecility	Loudon P	ark Fund	eral		
	The same		23a. Pert1. Enter the disease, or shock, or heart failure. List	complications that only one cause on a	caused the deeth						- ID Z	Approximete Intervel Bety	e ween
1	hysician /Medicai xaminer	_	Immediate Cause (Final disease or condition resulting in death)	RIGH	T UPPE	R LOE		MONIA				11 D	AYS
),	n end el-transit	Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underfying Ceuse (Disease or Injury	b	Due to (or	r es e consequ	uence of):						
ox 68760,	7 2 3	Medical	Cause (Disease or Injury that Initiated events resulting In deeth) Lest	c	Due to (or	es e consequ	uenca of):				1		
ords, P.O. Bo	igned by the attendin	by Physician	Pert II. Other significant condition		eath but not resu	ulting in the un	nderlying cause	given in Pert I.		tobacco use co			of death? Unknown
e e	2 5	Completed								en autopsy ormed?	8V8	ere autopsy fi alleble prior to apletion of co deeth?	0
= F	pag		25. Was case referred to medical						10	,	1 🗆	Yes 2	No
of Vital	is certific director,	To Be	examiner?	Hospital:	Inpatient 2	ER/Outpetien	t 3□ DOA)ther:	eeth (Check only Home 5 ☐ Res		er /Snecih	v)	
Vision of	£ 10		27. Manner of Deeth 1-Neturel 5 Pendin 2 Accident investig	28e. Dete (Mon		28b. Time of Injury	28c. In			how injury occur		<u>′</u>	
	within 24 hours aftar death. To the Funeral Director: After completely filled in by the fune	Certification:	3 ☐ Suicide 6 ☐ Could r 4 ☐ Homicide determ	ned 286. Place	of Injury - At ho ing, etc. (Specify	me, farm, stre	et, fectory, offic	9	28f. Location (City or To	Street and Numb wn, State)	er or Rura	i Route Numi	ber,
Hospi	within 24 hours after To the Funeral Dir completely filled in	edlcai	29a. Certifier Certifyin (Check only one)	g Phyaiclan: To the Examiner: On the b end man	best of my know asis of examinet oner steted.	wledge, death ion end/or Inv	occurred et the estigation, in my	time, date and place opinion, deeth occ	ce, and due to the curred et the time,	cause(s) and ma dete end pleca,	anner es st and due to	ated. the ceuse(s))
100	2	Σ	29b. Signeture end title of certifier	multe .	m.0		29c. Lice D-41	nse number 410		June 3	4.4		
(A		30. Name and address of person of JOGINDER F. N				Print) ORK RC	AD TO	WSON, N	MARYLAN	ID a	21204	

Registrar

(Month, Day, Year)
JUL 0 3 1997

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Dey **Physician** PHILL IPS JESSE CORNEL TUS 30, 1997 JUNE 11:50 AM /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner FORT HOWARD VA MARYLAND HEALTH CARE SYSTEM BALTIMORE Hours Min. 8. Dete of Birth 9. Birthplecs (State or For Month, Day, Year) 25, 1922 MARYLAND If Under 1 Yeer
Months Devs 5. Sociel Security Number 7. Age (In yrs. last birthday) 9. Birthpleca (State or Foreign **Funeral** 15√M 2□ F 217-12-8790 74 Director Usual Residence of Decedent the Merylenc 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours efter death with the Meryler Department of Health and Mental Hygiene. Important: if itam 27 is marked other than "natural", or items 23s or 28s-f show any Injury or other traumatic avant, the Medical Examiner must be notified at 2008. Director 1XXYes 2 □ No MARYLAND N/A BALTIMORE CITY 10e. Street and Number 10a. Citizen of What Country? 10f. Zip Code Funerai 2614 BERYL AVENUE 21205 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces?

1)CYes 2 No
11 Yes, Give
Yeer or Detes: 43/46 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bieck, White, etc. 11. Meritei Stetus 1 Never Merried 2 Merried 1 ☐ Yes 2/☐(No Specify: Specify: BLACK by 3)C)(Widowed 4 □ Divorced 18e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) Steel Worker Bethelham Steel 12th grade 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Jesse Phillips Irene Phillips 19e. Intorment's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Deborah Burgees/Daughter 3202 Barrington Rd, Baltimore, Maryland 21215 20b. Plece of Disposition (Neme of cemetery, crametory or other plece) 20c. Location - City or Town, Stete 20e. Method of Disposition XX Buriel 2 Cremetion 3 Remove from State 4 ☐ Donetion 5 ☐ Other (Specify) GARRISON FOREST VETERANS 7-7-97 OWINGS MILLS, MARYLAND 21. Signeture of Funerei Service Licentific 22. Name and Address of Fecility WILLIAM C. BROWN COMMUNITY F/H 1206 W. NORTH AVENUE 23e. Pert1. Enter the disease, or combrications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory errest, shock, or heart tailure. List only one cause on each line. **Physician** /Medical tmmediete Cause (Fine) METASTATIC PROSTATE CANCER 17 YEARS diseese or condition Examiner Due to (or es e consequence ot): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In deeth) Lest Due to (or es e consequence of): Physician/Medicai the Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 M Unknown HYPERTENSION, CARDIOMYOPATHY, ATRIAL by 24b. Were autopsy tindings available prior to completion of cause of death? 24a. Was an eutopsy performed? Completed FIBRILLATION 1 ☐ Yes 2 ☑ No certificate 1 Yes 2 No Division of Vital 25. Wes case reterred to medical examiner? Be 26. Place of Deeth (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 20 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28e. Dete of Injury (Month, Day Year) we Hospital or Attanding Pt in 24 hours after death. he Funeral Director: After th 27. Menner of Death Certification: 28b. Time of 28c. injury et Work? 28d. Describe how Injury occurred 5 Pending investigation 1 X Natural 1 ☐ Yes 2 ☐ No 2 Accident filled In by the 3 Suicide 8 Could not be determined 28e. Place of Injury - At home, ferm, street, fectory, office bullding, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide 29e, Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the besis of examinetion and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and menner stated. To the Within 2 To the comple 29b. Signeture end title of certifier 29c. License number 29d, Date signed (Month, Dey, Year)

State

Registrar



an

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene

					Ce	rtificate c	of Death		Reg. No.		
Phys	ician	1. Decedant's Nema (First, Mid	dia, Last)					2. Dete of D	Day Day	Yaar	3. Tima of Death
	dical	RALPH			PHIPPS	3		JUN		1997	5:29 AM
Exar	niner	4e. Facility Name (If not instituti						or Location of Dec	eth 4c. Cour	nty of Death	
		Saint Josep				1		son		Balt	imore
Funer	_	5. Social Sacurity Number	6. Sax 1X M 2 □ F	7. Age (In	yrs. last birthdey) Yrs.	If Under 1 Ya Months Day		1rs. 8. Date of 8 (Month, L 7/28/2	lirth Dey, Year)	9. Birthp	placa (Stata or Foraignery)
Directi	or .	215-03-4148 Usual Rasidanca of Decadant		76	TIS,			7/28/	20	MAR	YLAND
bue *		10a. Stata 10b. Coun	by	100	. City, Town or Lo	ocation					Od. Insida City Limits
the Maryler 28a-f show	5	MARYLAND BAL	TIMORE		PA	RKVILLE					1 Yas X No
the 28a	5	10e. Street and Number				10f. Zip Code	Α		10g. Citizan o	of What Cour	ntry?
23a or	0	1828 EDGEWOOI	C ROAD				21234			JSA	, .
Ind 21215-0020 be filed within 72 hours efter death with the Maryland lal Hygiene. Ial Hygiene. d other than "natural", or items 23a or 28a-f show event, in Medical Examinar must be notified as	Funeral Director	11. Maritel Status	12. Was Dec	cedent Ever	in U,S. 13.1			(Specify Yas or N		aca - Amaric	an Indien.
ofter deal	T.	1 Navar Married 2 Ma	Armed F arried \$\infty Yas	2 No				(Specify Yas or Nuarto Rican, etc.)	В	lack, Whita,	
21215-0020 d within 72 hours eff glene. In than "natural", or the Medical Exempted.	þ	3 ☐ Widowed 4 ☐ Divorce	If Yas, G Year or i	iiva Datas: WW	II	1 ☐ Yas 24 ☐ N	lo Specify:		Spec	ity: WH	ITE
2 ho	Completed	15. Decede	nt's Education		16a. Dece	dant's Usual Occ	cupetion	- 11	16b. Kind of	Business/In-	dustry
- c · a	pje	(Specify only night Elamantary/Secondary (0-12)	ast grada complatad	(1-4or 5+)	lifa.	DO NOT usa ret	na during most of ired)	working			
d 2121 filed within Hygiene. ther than "	5	12th GRADE			TEC	HNICIAN				RCA	
Maryland 212 d 2 should be filed within the end Mental Hygiene. 7 is marked other than traumatic event, the M	Be	17. Fathar's Nama (First, Middle					18. Mothar's I	Nama (First, Middi	la, Maidan Sum	ama)	
Via Ment Ment arked	2	Clinton Henry	y Phipps				Ett	a Ruth Wo	olfkill		
Maryla d 2 should th end Men 7 is marke		19e. Informant's Name/Ralation	ship (Type, Print)		19b. Mailir	ng Addrass (Stre	eet end Number o	Rural Routa Num	ber, City or Tow	m, Stata, Zip	Coda)
		LILLIAN PHIPPS	5	WIFE	1828	EDGEWO	OD ROAD	BALTIMO	RE, MD	21234	
Baltimore, Sernit. Pages 1 er Department of Hea mportant: If item?		20a. Mathod of Disposition 1 → Burial 2 □ Cramation	3 Demoval from		 Placa of Dispo cematary, crar 	sition (Neme of natory or other p	olace)	Data	20c. Location	n - City or To	wn, Stete
Baltimor permit. Pages Department of H important: If its eny Injury or of		4 Donation 5 Other (LORRAINE	PARK C	EM.	7/1/97	WOODLA	M , NWA	D
mit.	65U0	21. Signatura of Funaral Service	Licansee		25	. Nama end Add	drass of Facility				
n ages	8	12-					FUNERAL I	_	21 LOCH	RAVEN	BLVD.
		23 Part Entar tha diseesa, or haart failura. Lis	or complications that	causad tha	deeth. Do not ant	OWSON, I ar tha moda of c	MD 21280 tying, such es care	Ddiac or raspiratory	errast,	T	Approximete Intarval Batween
Physicia	n –	of Heart failura. Els	orly one cause on	open mie.							Onset end Death
/Medica	_	Immediata Causa (Final disaasa or condition	NEC	ROTIZ	ING PA	NCREAT:	ITIS			10.0141	DAYS
Examine	r	rasulting in death)	a	Due	lo (or as a consec	uance of):					
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be assouted ician and burial-transit	Examiner	Sequantially list conditions,	6	Dua	lo (or as a conseq	juanca of):					
De sa De sa		Sequantially list conditions, if any, leeding to immadieta cause. Entar Undarlying Ceuse (Disaasa or Injury	, PLE	URAL	EFFUSI	NC				-	
DB/50,	n/Medical	that initieted events rasulting in daath) Last		Dua t	o (or as e conseq	uance of):				İ	
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d by the detect	Physician	Pert It. Other eignificant condit	lone contributing to c	death but not	rasulting In tha u	nderlying causa	givan in Part I.				the cause of death
	4							_ 1	Yee 2 No	3 Prol	bably 4 Unknow
Kecords, P. C. he law requires thet the hes been signed by # sge 2 should be detech	d by							24a Wa	s an autopsy	24b. W	ara eutopsy findings
v require	ete							per	formed?	av	allable prior to impletion of cause
2 0 - 2	Completed										death?
		05 144							Yes 2 No	1[Yas 2 No
Of VItal Physician: T this certificat ral director, pi	o Be	25. Was casa rafarred to medic axaminar? 1 Yas 2 No	Hospital:				Wher	Daath (Check only			
Phys r this	-	27. Manner of Deeth	28a. Date	of Injury	2 ER/Outpatien 28b. Tima of	I 3 DUA	4 LI Nursin	g Homa 5 Res	sidence 8 ⊔C s how injury occ		y)
or Attending Feter death. Director: After din by the funer	to	1 Netural 5 Pand 2 Accident inves	ing (Mor	nth, Day Yea	r) Injury	V	Vork? ☐ Yes 2 ☐ No				
DIVISION or Attending efter deeth. Director: After d in by the fune	ffca	3 ☐ Suicide 6 ☐ Could	mined 28a. Plac	a of Injury - /	At homa, farm, str	eet, fectory, offic	20	28f. Location	(Straat and Nur	mber or Rura	I Routa Number,
S effect	Certification:	4 Homicide	build	ling, etc. (Sp	ecity)			City or T	own, Stata)		
To the Hospital or within 24 hours effe To the Funeral Dir completely filled in		29a. Certifiar 1 Certify	ng Physician: To the	a best of my	knowledge, death	occurred et the	time, date and ple	eca, end due to the	e causa(s) and	manner es si	eted.
the Ho hin 24 the Fu	edical	one)	Examiner: On the band mer	nnar stated.	lination end/or inv	astigation, in m	y opinion, deeth o	ccurred at the time	i, date and place	end dua to	tha causa(s)
2222	Σ	29b. Signature and titla of certifi	ar (29c. Lica	ansa number		29d. Data sign	ned (Month,	Day, Year)
To the within To the comple						1 mm .000 .000 /			1	1	
To the To the Complex		> Erclam	a, by	-one	10	D 54	8982		6	08	47
121		30. Nama and addrass of person					3982		6	08 (47
		30. Nama and addrass of person ERLANDO ROME		sa of death (Item 23e) (Type,			NTER, T	OWSON	88 (47

Registrar

Please Type or Print in Black Indelible Ink. Assu

152 Cartifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated.
2D Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, deeth occurred at the time, date and place, end due to the ceuse(s)

29c. Licansa number

D 25205

Chale & Balto ind

State of Maryland / Department of Health : Item 7 per FH Film G749 7-3-97 rja

7. Aga (In yrs. last birthday)

74 75 Yrs.

10c. City, Town or Location

PARELHOFF

12. Was Decedant Evar in U,S. Armad Forces? 1 ☐ Yas 2 ☐ No If Yas, Give

GILCHRIST CENTER - HOSPICE OF BALTIMORE

12 M 2□ F

N/A

	tificate of	Health and M Death		g. No.	91	20134
			2. Data of Death Month JUNE	23 23	1997	3. Tima of Death 4:05 PM
LTI	MORE	4b. City, Town, or Lo		4c. Co	BALT	IMORE
hday) Yrs.	If Undar 1 Yaar Months Days		8. Data of Birth Month, Day JAN 20	Yaa 192	9. Birth	placa (Stata or Foreign ANADA
or Lo	cation LTIMORE					10d. Insida City Limits 1 √ Yas 2 □ No
	10f. Zip Code	.209	10	g. Citizan	of What Cou	untry?
ŀ	Vas Decedant of f Yas, specify Cul	Hispanic Orlgin? (Spoan, Maxican, Puarto	ecify Yas or No- Rican, atc.)		Race - Amar Black, Whita ecify: WH	
(Giva	lent's Usuel Occu kind of work done	during most of work	ing 1	6b. Kind o	of Businass/li	ndustry

21208

Approximata Interval Batween Onset and Death

3 Probably 4 Unknown

24b. Were autopsy findings evailable prior to

completion of causa of daath?

1 ☐ Yas 2 ☐ No

29d. Data signed (Month, Day, Year)

HOSPICE

6 MONTHS

Funeral Director

Physician

/Medical

Examiner

Director

Funeral

þ

2

1. Decedent's Nama (First, Middla, Last)

5. Social Sacurity Number

10e. Straat and Number

10a. Stata

MD

217-12-7574

1 Nevar Married 2 Married

Usual Rasidance of Decedant

DR. MERRILL E.

4a. Facility Nama (If not institution, giva street and number)

10b. County

2255 ROGENE DR., #103

or 28a-f show event, the Medical Examiner must be nothing at 238 death v Hems : pernit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or ite any injury or other traumatic event.

Baltimore, Maryland 21215-0020

Physician /Medical Examiner

Box 68760 2 P.O. Records, 188 Vital to

Examiner Physician/Medical þ Completed Be 2 Certification: Medical within 24 h To the Fur To the

29a, Cartiflat

295. Signature applittle of car

31. Date filed (Month, Day, Year)

0 3 1997

and address of person who completed cause of deeth (flem 23e) (Type, Print)

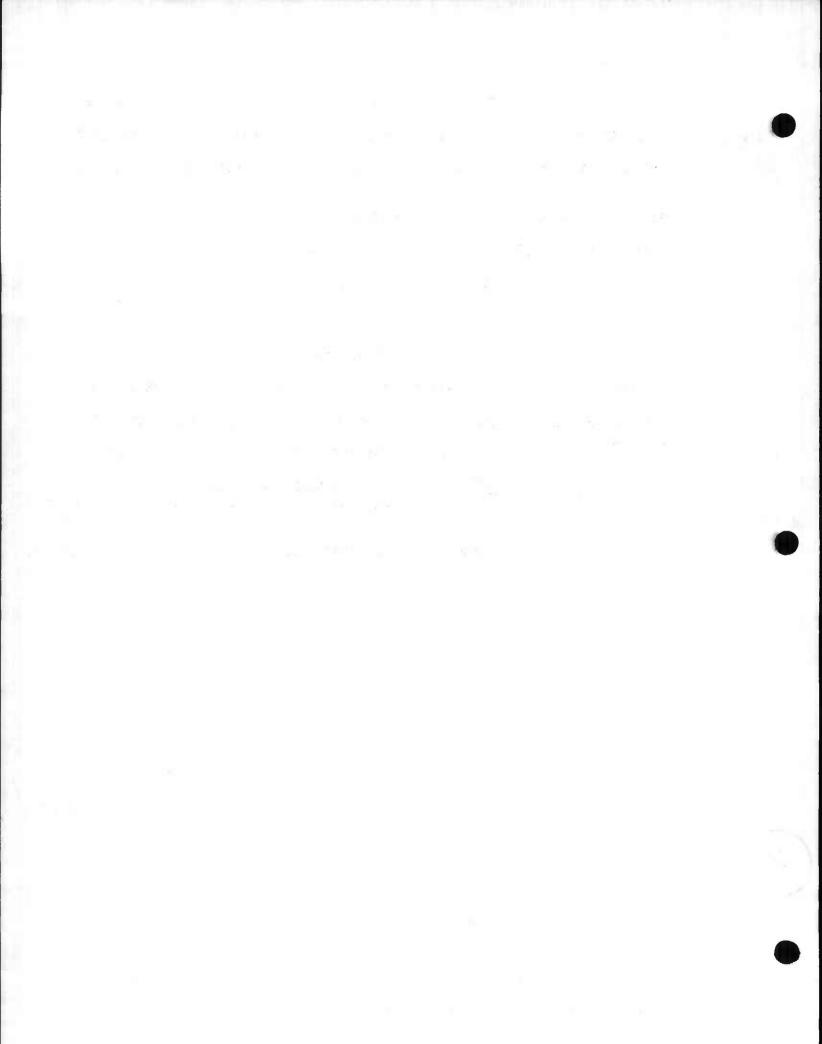
Registrar's Signature

GBMC

3 ☐ Widowed 4 ☐ Divorced Be Completed 16a. Decedent's Usuel Occupetion (Giva kind of work dona during mos lifa. DO NOT use retired) 15. Decedant's Education (Specify only highast grada completed) Elamantary/Secondary (0-12) Collaga (1-4or 5+) PHYSICIAN MEDICINE 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) MAURICE PARELHOFF RACHEL **MENDELSOHN** 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Routa Number, City or Town, Stete, Zip Coda) SALLY L. PARELHOFF (WIFE) 2255 ROGENE DR., APT. 103 BALTO. MD 21209 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 Cramation 3 ☐ Ramoval from Stata 6/25/97 HILLTOP SERVICE CORP. TOWSON, MD 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signatura of Funaral Service Li 22. Nama and Addrass of Facility SOL LEVINSON & BROS., INC. RI 8900 REISTERSTOWN RD. PIKESVILLE, MD 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Immedieta Causa (Final disaasa or condition rasulting in daath) METASTATIC PANCREATIC CANCER Due to (or as a consaguance of): Saquantially list conditions, if any, leading to immadiata causa. Entar Undarlying Causa (Disaasa or Injury that initiøted evants rasulting in daath) Last Dua to (or as a consequence of) Dua to (or as a consaquanca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 24a. Was an eutopsy performed? 1 ☐ Yas 2 No 25. Was casa rafarred to medical 26. Pleca of Daath (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Hothar (Specify) 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Daath 28a. Date of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred 5 Panding invastigation 1 XX atural 1 ☐ Yas 2 ☐ No 2 Accidant 3 Sulcida 6 Could not ba 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 - Homicide

Registrar

State



97-3281-510 wlc JOSEPH OUIGLEY

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

3. Time of Death

1 X Yes 2 No

4 Unknown

0924a

Physician
/Medical
Examiner

Funeral Director

the Marylend 28a-f show the Medical Examiner must be notified at 5 **Нета 23а** death should be filed within 72 hours after and Mental Hygiene.

merked other than "natural", or ite "natural", or permit. Pages 1 and 2 should be file Depertment of Health and Mental Hy Important: If frem Z7 is merked othe any liqury or other traumatic event any liqury or other traumatic event once.

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

The law requires that the deeth certificate be executed buriel-transit physician s the buriel signed by the page 2 Hospital or Attending Physician: this funerai After deeth. within 24 hours efter deet To the Funeral Director: completely filled in by the

P.O. Box 68760.

Division of Vital Records,

1. Decedent's Name (First, Middle, Last) 2. Date of Death June 15, 1997 Yeer JOSEPH J. OUIGLEY Q 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death BALTIMORE 2511 SOUTHDENE AVENUE Baltimore City 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) 8. Date of Birth (Month, Day, Yeer) Days Hours 1 M 2 □ F 83 Yrs. unknown April 29, 1914 unknown Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Baltimore City Baltimore Director 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21230 2511 Salerno Place unknown Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 11. Marital Stetus unknown 14. Race - American Indian, Black, White, etc. 1 Never Married 2 Married 1□ Yes 2□ No þ 3 Widowed 4 Divorced Specify: White Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) unknown unknown unknown unknown 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be unknown unknown 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) unknown unknown 20a. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) Date 20c. Location - City or Town, State 1 ☐ Burlal 2 ☐ Cremation 3 ☐ Removal from State 4 □ Donation 5 □ Other (Specify) in state 22 Name and Address of Facility State Anatomy Board, 655 W. Baltimore Street Director Baltimore, Maryland 21201 Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest, or heart feilure. List only one cause on each line. Approximate intervel Between Onset and Death Immediate Cause (Finel disease or condition resulting in death) Due to (or es e consequence of): Physician/Medical Examiner Sequentially list conditions, if eny, leading to Immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initieted events resulting In death) Lest Due to (or es e consequence of) Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably by 24b. Were autopsy findings evailable prior to completion of ceuse of death? Completed 24e. Was an autopsy 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical examiner? 26. Plece of Deeth (Check only one) examiner? 1 Yes 2 No Hospital: Other: 4 Nursing Home XXResidence 6 Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28d. Describe how injury occurred 27. Manner of Deeth 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 1 A Natural 2 Accident 5 Pending investigation 1 Yes 2 No 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide Medical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. **Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29b Signati d title of cortifie

inpleted cause of deeth (Item 23a) (Type, Print)

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State Registrar

DHMH 16 Rev 6/95

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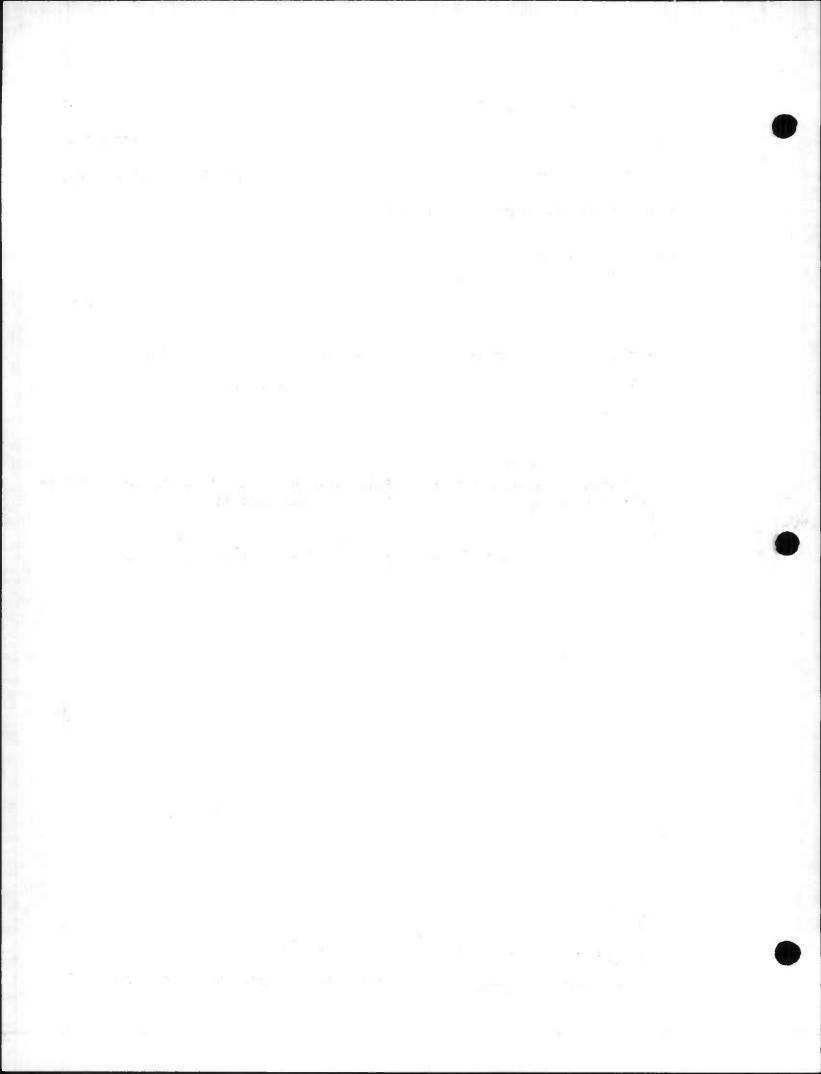
29d. Date signed (Month, Dey, Year)

O.C.M.E.

June 16, 1997

29c. License number

Penn Street, Baltimore, Maryland 21201



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Bed. No.

					Certificate	of De	ath	-	Reg. No.	91	20136
Dharata		1. Decedent's Name (First, Middle,	Last)					2. Date of Dea	ath	Vere	3. Time of Death
Physic /Medi		James Dal	phon Roll	lins				July	n Day	1997	11:50 pm
Exami		4a. Facility Neme (If not institution,	give street end number	r)		4b. C	ity, Town, or L	ocation of Death	4c. Coun	ty of Deeth	
		Meridian - Fran		-			ossvil			timore	
Funeral Director		5. Social Security Number 232-18-8743 Usual Residence of Decadent	. Sex 7. A	ge (In yrs. last b	Yrs. If Under 1 Months		Jnder 24 Hrs. ours Min.	8. Date of Birth (Month, Day July 7,	, Yaar) 1913	9. Birthpi Count West	lace (State or Foreign try) Virginia
nylan	_	10a. Stata 10b. County		10c. City, To	vn or Location					10	0d. Inside City Limits
9 Ma	cto	Maryland Balti	more	Midd	lle River						1 ☐ Yes 2 No
death with the Maryland ms 23a or 28a-f show prout be notified at	Funeral Director	10e. Street and Number 1203 Tarrytown	Lane		10f. Zip C				10g. Chizen of United		
P 2 2 8	by Fune	11. Maritei Status 1 Navar Married 2 Marrie 3 W Widowed 4 Divorcad	12. Was Deceden Armed Forces 1 Yes 2 K If Yes, Give Year or Dates	? No	13. Was Decede If Yes, specif			pecify Yes or No- Rican, etc.)	14. Ra Bl	ace - America ack, White, e	etc.
5-00		15. Decadent's	Education		e. Decedent's Usual	Occupation			16b. Kind of i		
21215-0020 d within 72 hours ef piene. r than "neturel", or the Med cell Every	Completed	(Specify only highest Elementary/Secondary (0-12)	College (1-4or	5+)	(Give kind of work life. DO NOT use	,	g most of worl	king			
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aryla should and Men merke	1º	19a. Informant's Name/Relationshi		10	b. Mailing Addrass (Strant and I				- Canto Zin	Codol
2000		Ms. Judith Ann			1203 Tarr			Baltimo			
re, N s 1 end r Health tem 27 other tr		20a. Mathod of Disposition		20b. Placa	of Disposition (Name	of	Lane	Date	20c. Location		
Baltimore, IV permit. Peges 1 end Department of Health Important: If them 27 any Injury or other transcences.		1 ☐ Burial 2 🗷 Cremation 3 4 ☐ Donation 5 ☐ Other (Spe	cify)	Hillto	p Service Co	rporat		/5/97	Baltimo	ore, Ma	aryland
Ball permit Depar Impor		21. Signature of Funeral Servica Li	ensee Mark T	. Zavoyn	Leona	ra J.	RUCK,	Inc. d Balti	more	Md 3	21214
		23a. Part1. Enter the diseasa, or conshock, or heart feilure. List or	Applications that cause	ed the death. Do	not enter the mode	of dying, su	ch as cardiac	or respiretory en	rest,		Approximate Interval Batween
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/Medical Examiner		Immediate Causa (Final disease or condition		BIVEON	ricular	Hear	T F	Talkure			6 MO
L. Adrilli JCI	L	resulting in death)	α		consequence of):	, , , , , ,					
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60, be executed can and burial-transit	al Examiner	Sequentially list conditions, if any, laading to Immediata cause. Enter Underlying Cause (Disease or Injury									
x 68760,	Medical	that initiated evants resulting in death) Lest	d	Due to (or as a	consequence of):						
	cian									1	/
P.O.	Physician/	Part II. Other significant conditions	contributing to death	but not resulting	in the underlying cau	sa given in	Part I.		obacco uae c ′es 2□ No	ontribute to 3 Prob	the cause of defilin? bably 42 Unknown
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The law rete hes b	E O							1 🗆 Y	es at INo		Yes 2□No
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Division To the Hospital or Attending I within 24 hours effer death To the Funeral Director: After completely filled in by the funeral	edical C	29a. Cartifiar (Check only one) Check only one)	Phyaician: To the bast aminar: On the basis of and manner s	of axamination ar	a, daath occurred at	tha time, da my opinior	ite and piace, n, daath occur	and due to the c red at tha tima, d	ause(s) and m lata and place	anner as str , and dua to	ated. the cause(s)
vithin 2 To the comple	Me	29b. Signeture and title of cartilla			29c. l	icense nun	nber	2	29d. Date sign	ed (Month, E	Dey, Year)
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,5		30. Nama and addrass of person and	o complated causa of	death (Item 23a)	(Type, Print)	7	100	1	110	11/	1
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Sta Registr		JUL 0 3 1997	Julia Ve	rar's Signature	de so						

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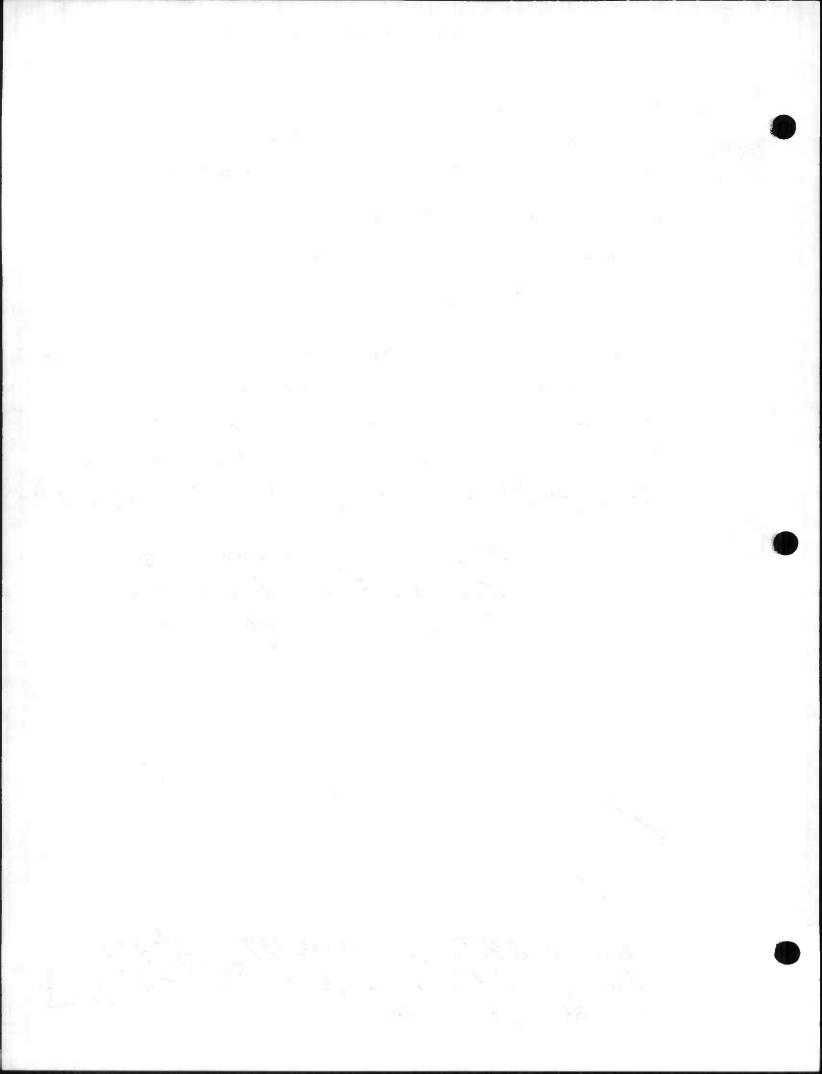
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State of Maryland / Department of Health and Mental Hygiene

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	niner	4e. Fecility Name (If not institution, g	ive street and number)			4b	. City, Town, or L	ocation of Deeth	4c. County	of Deeth		
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pur *		Usuei Residence of Decedent 10e. Stete 10b. County		10c. City, Tow	m or Location						0d. Inside C	
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ath v	2	6353 Montgomery				21075			USA			
Dallimore, Maryland 21215-0020 permit. Pages I and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental hygiene. Timportant: If them 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, to Moscal Exemper mat the notified as	by Funeral		If Yes, Give	No		edent of His ecify Cuben 2 1 No	spenic Origin? (Sp., Mexican, Puerto Specify:	pecify Yes or No- p Rican, etc.)		e - America k, White, c	etc.	
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/Medica Examine	er	Immediate Cause (Final disease or condition resulting in death)		Due to (or es e	consequence of	-	ROIOF	nyo Ph	THE			
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g Phys er this eral di	n: T	27. Menns of Deeth	28e. Dete of Inju (Month, Da	ry 28b.	Time of	28c. injury	1	28d. Describe ho			,	
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To the Hospital or Attending Physicial Activates within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral	edical (29a. Certifier 1 Certifying P (Check only one)	Physicien: To the best of miner: On the basis of end menner sta	exeminetion en	e, deeth occurre nd/or investigetion	d et the time on, in my opi	, dete end plece nion, deeth occur	end due to the ce rred et the time, de	euse(s) end me ete end piece,	nner es st end due to	eted. the cause((s)
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4		30. Neme and address of person who	completed cause of d	oatri (dam 238)	(+ypa; Print)	20	. MA	1401	CAR	MIN	ENC	FFOR
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Deeth **Physician** .TEAN ROBINSON JULY 1, 1997 12:10 PM /Medical 4a. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Saint Joseph Medical Center Towson Baltimore If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) 9. Birthplece (State or Foreign Country) **Funeral** 1 M 2 F 76 635 L 57 218 Yrs. Director February 28 1940 NEW Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location r than "natural", or itema 23a or 28a-f show the Medical Exeminer must be notified at 10d. Inside City Limits Director Baltimore LArney 1 ☐ Yes 22 No Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? JOPPA Rd. 21234 Ε. USA 3140 deeth 12. Wes Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 11. Marital Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Raca - American Indien, Bleck, White, etc. filed within 72 hours after 1 Never Merried 2 Merried altimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: à Specify: 3 Widowed 4 Divorced White Completed 15. Decedent's Education 16e. Decedent's Usual Occupetion 16b. Kind of Business/Industry (Specify only highest grede completed) (Give kind of work done during most of working life. DO NOT use retired) Pages 1 and 2 should be filed within nent of Health and Mental Hygiene. Int: If item 27 is marked other than Irry or other traumatic event, ma Me College (1-4or 5+) Elementary/Secondery (0-12) Home Housewite 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Brennan Kathryn Steelman Albert 19a. Informent's Neme/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Clifton D. Robinson Jr. 3140 E. Joppa Rd LATHRY MATYLAND 21234 20b. Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete permit. Pages 1 Department of H Important: If itel any injury or ott 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) July 3 Forest Hill, Maryland EVANS FUNETAL Chapel-Bel Air 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility chapt of Memories 1 Vm 8800 Harford Rd Baltimore Md. 21234 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiretory errest, shock, or heert feilure. List only one ceuse on each line. Approximete Interval Between Onset and Deeth **Physician** /Medicai Immediate Ceuse (Final METASTATIC BREAST CANCER 6 MONTHS disease or condition resulting in deeth) Examiner Due to (or es e consequence of) Physician/Medical Examiner Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Diseese or injury that Initiated events resulting in deeth) Lest Due to (or es e consequença of): Box 687 Due to (or es a consequenca of): The law requires that the death certifical P.O. | Pert II. Other eignificant conditions contributing to death but not resulting In the underlying cause given In Part I. 23b. Did tobecco use contribute to the cause of death? 3 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown signed to Division of Vital Records, ð 24b. Were eutopsy findings evellable prior to completion of cause of death? Completed 24e. Wes en autopsy pege 2 1 ☐ Yes 2 🗷 No 1 ☐ Yes 2K No or Attanding Physician: Be 25. Wes case referred to medical 26. Place of Death (Check only one) Hospital: 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 ☐ Yes 2 🔀 No this funeral 28a. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 5 Pending investigation 1 Naturel death. 1 Yes 2 No 2 Accident efter death Diractor: 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 3 ☐ Suicide 28e. Place of Injury - At home, farm, street, fectory, offica building, etc. (Specify) filled in by 4 Homicide hours e 24 hours ical 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, end due to the ceuse(s) end manner es stated. To the Hosp within 24 ho To the Fune completely f (Check only one) 2 Medical Exeminer: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end pleca, end due to the ceuse(s) and manner state. 29b. Signeture and titlig 29c. License number 29d. Date signed (Month, Dey, Yeer) D 42736 1 30. Name and address who completed cause of death (Item 25a) (Type, Print)

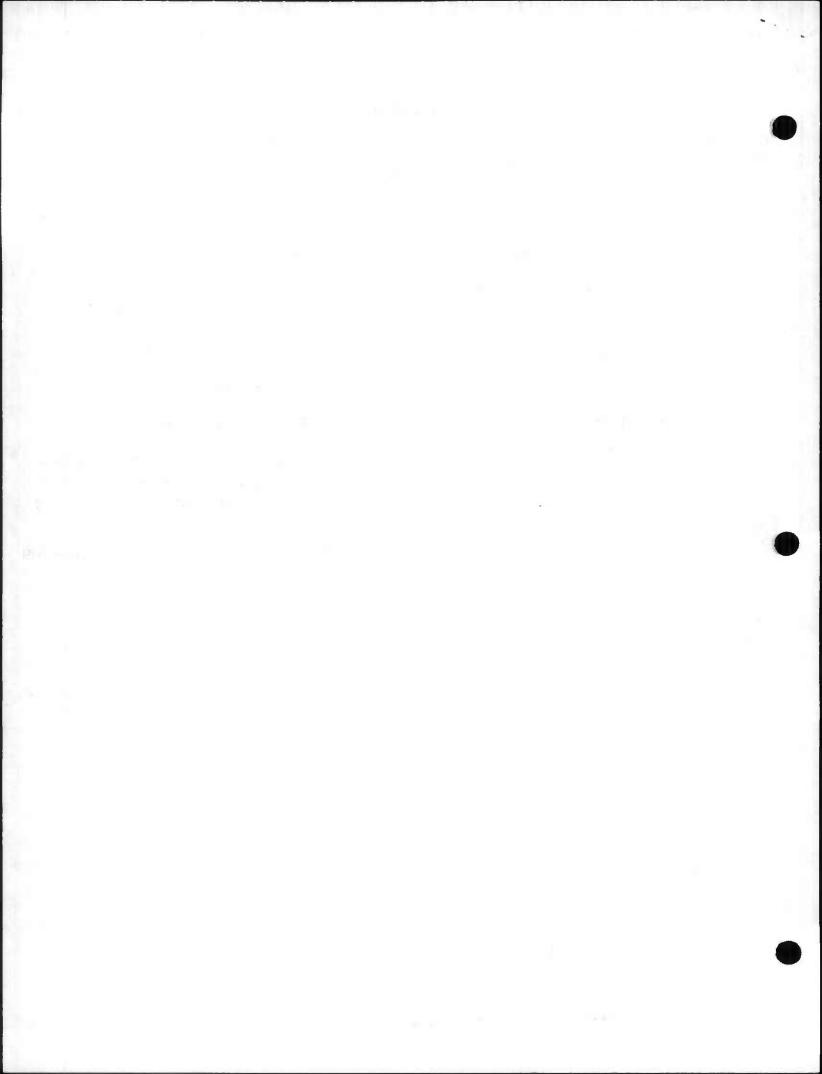
State Registrar

31. Date filed (Month, Day, Year) JUL 0 3 1997

AKKAD,

AYMAN F.

M.D., 7600 OSLER DR., TOWSON, MARYLAND 32 Registrer's Signature Julia Diridson Randall

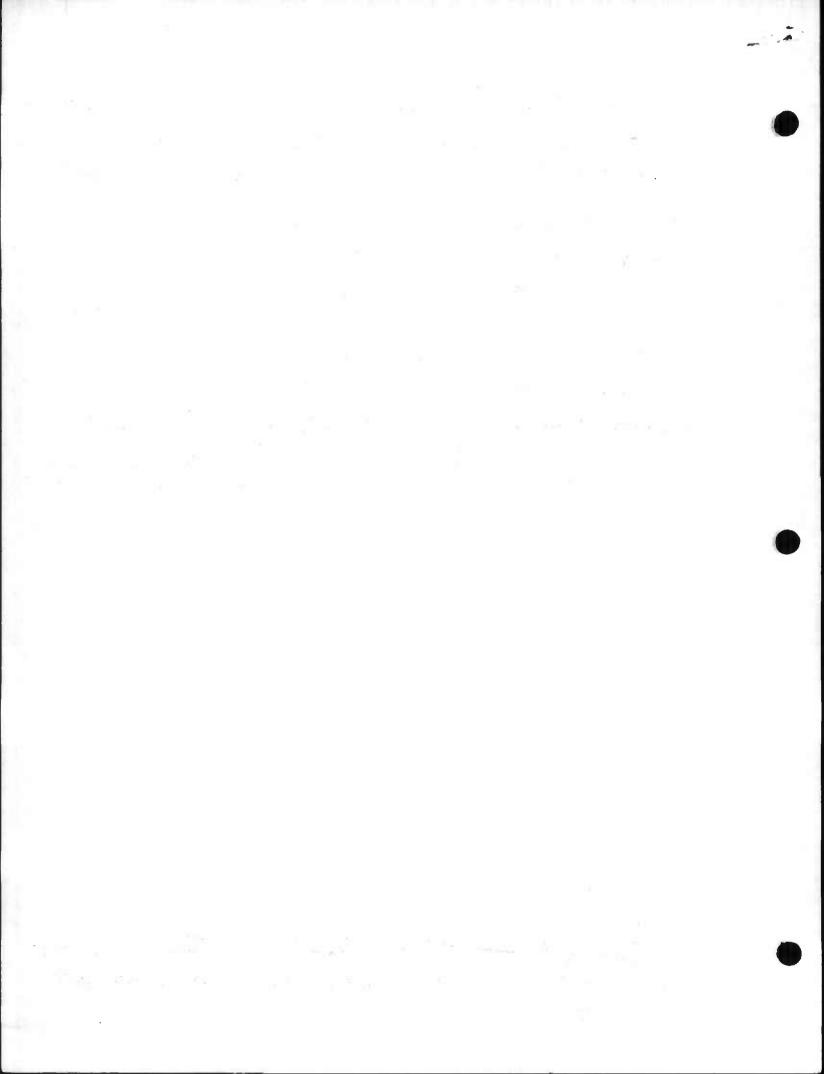


State of Maryland / Department of Health and Mental Hygiene 97 20139

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	or 28	Director	10e. Street end Number				f. Zip Code			10g. Citizan of	What Coun	ntry?
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lan	should be nd Mental marked o	To Be	ULRICH	RASBS	DOV			CATHER		HTIMZ	,	
Maryland	2 should be filed with and Mental Hygiene. Is marked other than sumatic event, the M	-	19e. Informent's Neme/Rejetionship		1000	19b. Meiling Ad	drass (Stree	t end Number or Run		er City or Town	, Stete, Zip	Code)
	1 and 2 Health a em 27 ls		BARBARA MEK.	- YZAAI				LDRIVER		Annap	Si Lo	MARYLAND
ore			20e. Method of Disposition		20b. Ple	ce of Disposition	(Name of		Deta	20c. Location		
Ē	nit. Pages artment of I ortant: If ite Injury or or		t Burlei 2 ☐ Cremetion 3 [4 ☐ Donetion 5 ☐ Other (Special		UEC	netery, cremetor HAMSP NORIAL	SARK	3	1997	Danham	1992	. AL, 240,3
Baltimore,	permit. Page Department of Important: If any Injury or pnce.	1 1	21. Signature of Europeal Service Line	nsee				ess of Fecility	Pr1 - (JEI ATR	P.A.	21050
Ш	20529		Work Acco	an		302	W POR	TORIVE	FORS	THILL	MAG	37500
t			23e. Pert1. Enter the diseese, or con shock, or heert feilure. List only	plications thet cause one couse on each li	d the death,	Do not enter the	mode of dy	ing, such es cardiac	or respiretory e	rrest,		Approximete Intervei Between
	Physician /Medical		Immediate Course /Fire!		<i>C</i> -		,					Onsat and Deeth
1	Examiner		Immediete Cause (Finei disaesa or condition rasulting In deeth)	· ANOXIC	- CN	CEPHAI	OPA	thy				PAYS
		er		/ 1		1	e of):	0.0000				15.013
	b du	Examiner	Sequentially list associations	b. CORON		es e consequence	1/	DISEASE	<u> </u>		-	YEAM
o,			Sequentially list conditions, if any, leading to immadiete cause. Enter Underlying Cause (Disease or Injury that initieted events		000 10 (01 6	33 6 0011364661101	. 017.					
376		edical	Cause (Disease or Injury thet Initieted events rasulting In deeth) Lest	c	Dua to (or e	s a consequance	of):					
× 6	~	mer I	Tabling in dooring cost									
Вох	death car e attendir ed for use	Physician/N		d								
P.O.	0 0 2	ysic	Pert II. Other significant conditions		out not result	ing in the underly	ing cause g	iven In Pert I.	23b. Dld	tobacco use co	ntribute to	the cause of death?
σ.	requires that the dispension of the dispension of the character of the detached		Diabetes Me	1/1/05					10	Yes 2□ No	3 Prot	bably 4 Unknown
Division of Vital Records,	n algn	d by	H = 1-153.						24e. Wes	en eutopsy		ere eutopsy findings
8	30 00	ojete	TYPERTENSION						perfe	ormed?	cor	alleble prior to mpletion of cause death?
Re	The la ate had page 2	Completed							10	Yes 2010		Yes 20 No
ta	ician: The lav certificate has rector, page 2	BeC	25. Wes case referred to medical					26. Piece of Deet				
\$	S 11 5	10	axaminer?	Hospitel: 1 Thipatic	ant 2 E	R/Outpatient 3[DOA OI	her: 4 Nursing Ho	ma 5□ Resi	denca 8 □Oth	ner (Specify	y)
0			27. Menner of Deeth 1 ☑Neturel 5 ☐ Pending	28a. Dete of Inju (Month, Da	y Year) 2	8b. Time of Injury	28c. Inju	ry af ork?	28d. Describe	how Injury occur	red	
sio		cati	2 Accident investigetion 3 Suicida 6 Could not be	na -		М		Yes 2 No				
Ξ		Certification:	4 Homicide determined	286. Piece of in	ury - At hom c. (Specify)	ie, farm, street, fe	ctory, office		28f. Location (City or To		er or Rura	al Routa Number,
_	Hospital 24 hours a Funeral I		29a. Certifier 1 Certifying Pl	nysicien: To the best	of my knowl	adaa daath assu	read at the t	imo data and since	and due to the	saves(s) and m		lated
	24 has 24 has Fun letely	edicai	(Check only 2 Medical Example one)	miner: On the basis o end mannar at	f exeminetio	n end/or investig	etion, in my	opinion, deeth occurr	ed et the time,	date end place,	and due to	the ceuse(s)
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	N N	296. Signature and title of certifier				29c. Licen			29d. Date signe		
	iero ze tirottal		M	1		MD	0:	22097		JULY:	2 ng	1997
	01		30. Neme end eddress of person who	completed cause of o	leath (Item 2	3a) (Type, Print)					4 4	Mel
	1		BARRY Wohl	MO	615	W.M.	ACPHA	22097 21/ Rd.	Su: +	206	Bil Fi	12/01/
	Sta		31. Dete filed (Month, Day, Year)	2. Registr	ars Signetu	re						
	Registr	ai	JUL 0 3 1997	1	ארייאפטאי	Incom						

DHMH 16 Rev 6/95

Chantes KASBELLY



State of Maryland / Department of Health and Mental Hygiene

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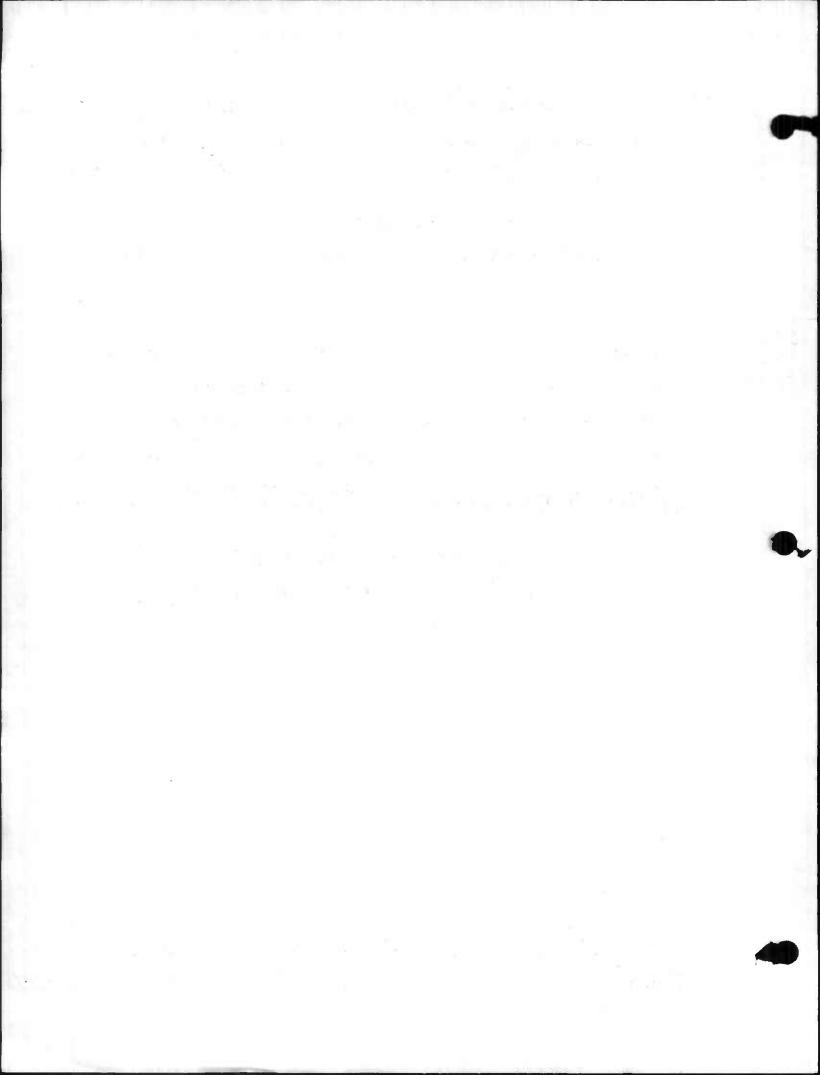
							ificate of	Death		Reg. No.	J 1	20140				
п	Physic	ian	1. Decedent's Neme (First, Middle, La	,			7 - 7		2. Dete of De Month	Dev	Yeer	3. Time of Death				
	/Medi		JESSAMINE (RZECZ	ZKOWS	KI		JÜLŸ	2, 199	7	2:22 AM				
	Exami		4e. Fecility Neme (If not institution, giv					4b. City, Town, or L			y of Deeth	i				
L			HOPKINS BAY VI					BALTIMOR		N/	А					
, a	Funeral Director		212-07-1072	ex 7. Ag □M 2√F	e (In yrs. last	Yrs.	If Under 1 Yeer Months Deys		8. Dete of Bi (Month, Di 10 - 05	ey, Year)	9. Birth	plece (Stete or Foreign intrx) YLAND				
	bush as		Usual Residence of Decedent 10e. State 10b. County		10c. City, T	own or Loca	ation					10d. Inside City Limits				
	Maryla a-f sho ified at	to	MARYLAND	N/A	BAL	TIMOR	E					1⊈Yes 2□No				
	r 28a-f	Director	10e. Street and Number				10f. Zip Code			10g. Citizen of	Whet Cou	intry?				
10		je je	619 S. STREEPE	R STREET			21224			U	SA					
050	VH	by Funeral	11. Maritel Stetus 1 □ Never Merried 2 □ Married 3 ☒ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 If Yes, Give Yeer or Dates:	Ever In U,S.		as Decedent of Yes, specify Cub ☐ Yes 2 🖾 No	Hispanic Origin? (Sp ean, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)	o- 14. Re Ble Speci	ock, White	ican Indien, , etc.				
5-0	72 o	ted	15. Decedent's Ed (Specify only highest gre	fucation	1	6e. Decede	nt's Usual Occu	petion	1200	16b. Kind of E						
2121	d within giene. er than 'r	Completed	Elementary/Secondery (0-12) 12 YEARS	College (1-4or 5)+)	life. DO		petion during most of work ed)	ing	OWN H	OME					
Maryland	s 1 and 2 should be lied f Health and Mental Hy tem 27 is marked other other traumatic event	To Be	17. Father's Neme (First, Middle, Last) FREDERICH MIRRA					18. Mother's Nam			me)					
Jar	2 shot and is mark		19a, Informent's Neme/Relationship (t end Number or Run			, Stete, Zi	p Code)				
	of Health item 27 other tr		MR. STEPHEN RZE	CZKUWSKI				BALTO.								
Baltimore,			20a. Method of Disposition 1 DBuriel 2 DCremetion 3 D		ceme	etery, creme	tion (Neme of story or other ple		Dete	20c. Location						
를	the Pag	1	4 □ Donetlon 5 □ Other (Specifi		ST.			CEMETER	RY 7-5	BALTO	. MD					
Ba	permit. Page Department of Important: If any injury or once.	1	22. Name and Address of Facility KACZOROWSKI FUNERAL HOME													
_		(1000 D MUNICIPAL 1201 DUNDALK AVE. BALTO. MD. 21222													
			23a. Pert1. Enter the disease, or complications hat caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one calculations on each line. Approximately the disease, or complications hat caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, interverons interverons the disease of the disease of the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, interverons the disease of the disease of the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, interverons the disease of the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, and the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, and the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, and the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, and the deeth disease of the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, and the deeth disease of the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, and the deeth disease of the deeth diseas													
	Physician /Medical Examiner	ı	Immediate Cause (Final disease or condition resulting in death)	. SEPTI	C SHO	OCK					1	Onset end Death 2 DAYS				
L	pe list	niner			Due to (or es		ence of): WOUNDS				1	3 WEEKS				
60,	icata be axecuted physician and s the burial-transit	i Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events		Due to (or es PHERAL			DISEASE			1	= 10 YR				
68760,	cata t	dica	thet initiated events resulting in death) Last		Due to (or es						i					
0 X	certifica iding pl	Physician/Medicai		end s	TAGE	RENA	L DISE	ASE			1					
Box	eath cer attendin I for use	clar														
P.O.	that tha de ed by the detached	ysi	Pert ti. Other significant conditions of		ut not resultin	g in the und	erlying cause gi	ven in Pert I.		14		to the causa of death?				
٣.	signed b	by Pi	DIABETES ME	LLITUS					10	Yes 20 No	3∐ Pro	bably 4 Unknow				
Records,	v requ	Completed b	CORONARY AF	TERY DIS	SEASE				24e. Wes	an eutopsy ormed?	81/	Vere autopsy findings velleble prior to ompletion of cause death?				
R	ysician: The law s cartificate has director, paga 2	E O							10	Yes 2 No		☐ Yes 2☐XNo				
ita		BeC	25. Was case referred to medical					26. Plece of Deat				2.00 25/10				
of Vital		ToE	examiner? 1 ☐ Yes 2 ☒ No	Hospitel: 1 Nnpatle	nt 2 ER/	Outpetient	3□ DOA Ott	nor:		idence 6 □Oti	her (Speci	fy)				
o uoi	Attending Ph ar daath. ector: Attar th by the funeral		27. Manner of Deeth 1 Naturel 5 Pending 2 Accident Investigation	28e. Dete of Injur (Month, De)	y Year) 281	b. Time of Injury	28c. Inju Wo M 1	ry et rk? I Yes 2 □ No	28d. Describe	how Injury occu	rred					
Division	2 4 4 5	Certification:	3 Suicide 6 Could not be determined	28e. Place of Injubuilding, etc	ury - At home :. (Specify)	, farm, stree	t, factory, offica		28f. Location (City or To	Street and Num wn, Stete)	ber or Run	ral Route Number,				
	To the Hospital or within 24 hours after To the Funeral Dirt completely filled In	edical C	29a. Certifier (Check only one) 1 Certifying Ph. 2 Madical Exam	yalclan: To the best of inar: On the basis of and manner ste	examinetion	dge, deeth o end/or inve	occurred at the ti stigation, in my o	me, dete end placa, opinion, deeth occurr	and due to the ed at the time,	ceuse(s) end m dete end pleca,	enner es s end due t	stated. o the cause(s)				
	Withir To th	Me	29b. Signature end title of certifier	11	0		29c. Licens	se number		29d. Date signe	ed (Month,	Dey, Yeer)				
			DX /h	~ LP -	m	1	7)	22390	2	July	31	97.				
			30. Name and eddress of person who	completed cause of de	eeth (Item 23	a) (Type, Pr	int)	1		140112	202					
	10		NISHA CH	ANDRA. 1	nn.	Johns	Hopkins	82396 Bayvias Nei	Contre	6011	MSIE	21224				
			31 Date filed (Month Day Year)	Pagistra	200		1			- Lu	-					

State Registrar

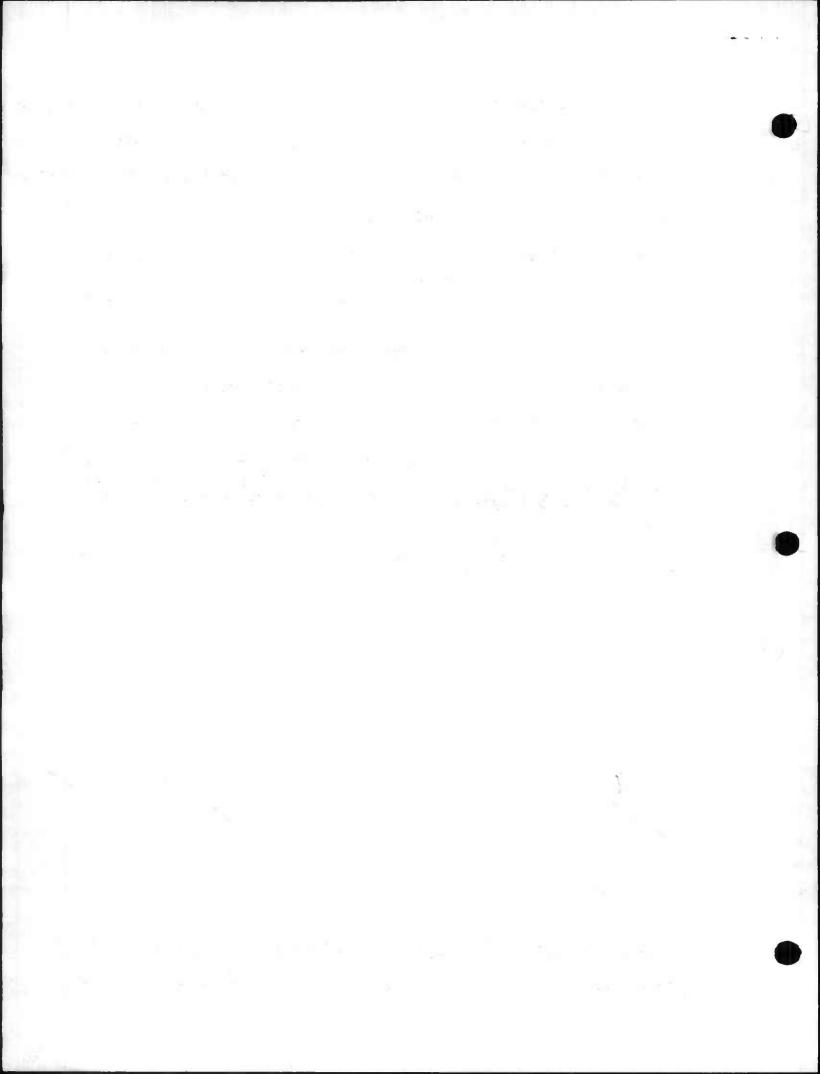
State of Maryland / Department of Health and Mental Hygiene 97 20141

					Ce	rtificate	of Death		Reg. No.	2 1	40141		
	Physici /Medi		Decedent's Nama (First, Middle, Las C A		RANDAI	LL		2. Date of Month	f Death	1997	3. Tima of Deeth		
	/Medi Exami		4a. Facility Name (If not Institution, give	street and number)	4b. City, Town, or I			m, or Location of D					
	Funeral Director		5. Social Security Number 6. Security Number 11 11 11 11 11 11 11 11 11 11 11 11 11	7. Aga (In yr.	s. last birthday) Yrs.	If Under 1 Y Months D	ear If Undar 2 ays Hours	4 Hrs. 8. Deta o	8. Deta of Birth (Month, Dey, Year) 9. Birthplace (State or F. County) MARYLAND				
	a Maryland a-f show iffed at	ctor	10e. Stete 10b. County MARYLAND	10c. C	BALTII						10d. Insida City Limits 1 Yas 2 No		
	er death with the Maryland thems 23s or 28arf show the must be notified at	rai Director	10e. Straat and Number 719 S. LAKEWO	DD AVENUE	10f. Zip Coda				10g. Citiza	n of What Cou			
020	furs after dec fair, or hams Examiner m	by Funeral	11. Maritei Status 1 Navar Married 2 Merriad 3 Widowed 4 Divorced	12. Wes Decedant Ever in Armed Forces? 1 Yas 2 No If Yas, Giva Yaar or Datas:			of Hispanic Orig Cuben, Maxican, No Specify:	in? (Specify Yes o Puarto Rican, atc		. Rece - Amar Black, Whita pecify:			
Heir	The Medical	Completed	15. Decedant's Ed (Spacify only highest grad Elementery/Secondary (0-12)	ucation da com <i>plated)</i> Collaga (1-4or 5+)	16a. Decedant's Usual Occupation (Giva kind of work dona during most of work) iffa. DO NOT usa ratired) HOMEMAKER		of working	16b. Kind					
/lang		To Be Co	17. Father's Name (First, Middle, Last) KARL SIBISTOW	ICZ		ONLINAN	18. Mothar	's Nema <i>(First, Mi</i> i					
e, Mary	s 1 and 2 sho f Health and flem 27 is ma other fraums		19a. Informant's Name/Ralationship (7 MS., CAROLYN RZE	CZKOWSKI	44 Y	EW RD.	BALTO	or Rural Routa N	1221				
Baltimore	t. Page ntment o rtant: If njury or		20a. Mathod of Disposition 1 \(\)Bunal 2 \(\)Cramation 3 \(\) 4 \(\)Donation 5 \(\)Othar (Specify	Ramoval from Stata	RKW001	osition (Nema of metory or othai	TERY	6-28		tion - City or T			
Ba	Demi Import any ir	(3a. Pent 1. Enter tha disaase, or comshock, or heart feilura. List only company to the control of the control o	Lezuns	i K	ACZORO	NDALK	UNERAL	BAL TO.	MD.	21222 Approximata		
x 68760,	Physician percent with the property of the principal of t	n/Medical Examiner	Immediate Ceusa (Final disease or condition rasulting In death) Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Causa (Disease or Injury that initiated events rasulting In death) Last	. Orabe	(or as a consection of each of the section of the s		tic Ca	Fai	/ur: 150 u/s	e			
.O. Bo	that the death cert ed by the attendin detached for use	Physician	Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in i						Did tobacco us		to the cause of death?		
Records, P	e law requires has been sign je 2 should be	Completed by P						24a.\	Vas an autopsy performed?	24b. W	Vara autopsy findings valiable prior to omplation of cause of death?		
Vital		Be Co	25. Was casa referred to medical				26. Pleca		l □ Yes 2 🗷	No 1	□Yas 2□No		
ō	Ing Phys	2	axaminar? 1	Hospital: 1 Inpatiant 2[28a. Data of Injury (Month, Day Year)	28b. Tima of 28c. Injury at 28d. Dascribe how injury occurred								
Division	5 분 등	Certification:	3 ☐ Sulcida 6 ☐ Could not be datarmined	building, atc. (Spac									
	To the Hospital within 24 hours a To the Funeral completely fillad	edical	29a. Cartifiar (Check only one) 1 Certifying Phy 2 Medicai Exami	sician: To the best of my kn ner: On the basis of exemin and manner stated.	owledge, deetl ation and/or in	h occurred at the vestigetion, in a	e time, date end ny opinion, deeth	plece, end due to occurred et the ti	the ceuse(s) er me, dete end pl	nd menner es laca, and due	steted. io the ceuse(s)		
	To the Within To the comple	M	29b. Signatura and titla of cert have	. P. 1.	40.0	29c. Li	cansa numbar	9	T	signed (Month	Day, Year)		
	1,0		30. Neme and address of person who c	ompleted causa of death (Its	ım 23a) (Type,	Print)	1576	2 6 10	o Bo	26 m	021224		
	Sta Registr		31. Date filed (Month, Cay Year)	All 33 Hagintrar's Star	ature of	200	ITUDY	1 40	E NU	17 /3/	001207		

Registrar



		ITEM#19a PER F.H.	FLM#G749 7/10/	Maryland / Dep	partment of partificate o			giene Reg. No.	97	20142		
Physic /Med			L. Sowell				2. Data of Da Month Jun	Dev	1997	3. Time of Daath 7:15 PM		
Exam Funera		4a. Facility Name (If not institute 3233 Phelps 5. Social Security Number	S Lane	Sax 7. Aga (In yrs. last birthday) If Undar 1 Ya			nore s. 8. Data of Bird (Month, Da		N/A 9. Birthp	olace (Stata or Foreign		
Directo	_	248-28-6435 Usuel Rasidance of Dacedant	1 X M 2□ F	75 Yrs.	Months Day	's Hours M	April	27, 1	922	S.Carolin		
farylar show	٥	Md. 10b. Cour	N/A	10c. City, Town or Balti					1	0d. Insida City Limits 1 Yas 2 □ No		
1 28a-	Director	10e. Street and Numbar	A/ 11	Daiti	10f. Zip Code	1		10g. Citizen o	of What Cour	A		
th with	a O	3233 Phelps	s Lane	ane 212					J.S.A	*		
and 21215-0020 be filed within 72 hours after death with the Maryland ital Hygiene. d other than "netural", or items 23a or 28a-f show event, the Medical Examinet must be notified at	by Funeral	11. Marital Status 1 Never Married 2 Nover 3 Widowad 4 Divorce	If Vac Give	Navy	8. Was Decedant of If Yas, specify Control of the Image	uben, Maxicen, Pu	(Specify Yas or No erto Rican, etc.)					
Vithin ne.	Completed	15. Deced (Spacify only high Elemantary/Secondary (0-12	ant's Educetion ast grada completed)) Collaga (1-4o	(Gin	edant's Usual Occ re kind of work dor DO NOT usa rati	na during most of w red)	vorking	16b. Kind of Businass/Industry Clothing				
aryland 2 should be filed v ind Mental Hygia marked other t umatic event, m	Be	17. Fether's Nema (First, Middle John Sowell	a, Last)				ama (First, Middla,	Meiden Sum				
farylan 2 should be and Mental Is merked of eumstic eve	2	19a. Informant's Name/Ralatio	nship (Type, Print)	19b. Ma	iling Addrass (Stre			Routa Number, City or Town, Stata, Zip Coda)				
re, Marylars 1 and 2 should theath and Mer tem 27 is marke other treumetic		Louise Sowe	11 (Mother				Balto.,	Md.	21229			
Ages 1 or oth		20a. Mathod of Disposition 1 Burial 2 □ Cramation		a	position (Nama of amatory or othar p		Dete		n - City or To			
Baltimore, M permit. Pages 1 and 2 Department of Health a Important: If item 27 is any injury or other tre		4 Donation 5 Other 21. Signuture of Funeral Service		- (1				7-3-97 Arbutus Maryland Caple Funeral Service Balto., Md. 21215				
		23a, Part1, Enter the disease.	or omplications that caus	ed the death. Do not a					d. ZI	Approximata		
Physician /Medical Examiner	ı	Immediete Causa (Final disease or condition rasulting in daath)	a. Ly	MPH6MA Dua to (or as a cons	aguence of):				4	Intarvet Batween Onsat and Deeth MON: #15		
8760 First and and the burial-transit	Examiner	Sequantially list conditions, if any, laading to immediate causa. Entar Undarlying Causa (Disease or Injury	b	b. — Dua to (or as a consequence of):								
SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	Medical	causa (Disaase or Injury that initiated avents rasulting in daath) Last	d	Dua to (or as a consequance of):								
death death ed for us	Iclar	Pert II. Other significant condi	None contributing to death	but not regulting in the	undarhving cause	22h Did 9	23b. Did tobacco use contribute to the cause of deeth?					
P.O.	by Physician/M		nons continuently to death						1 Yes 2 No 3 Probably 4 Unknown			
aw requir	Completed t							an autopsy med?	ava	ara eutopsy findings ailabla prior to mptation of causa daath?		
	e Cor	05 146		1 ☐ Yes 2 ☐ No 1 ☐ Yas								
of Vital Physician: T this certificat ral director, p	0 8	25. Wes casa rafarred to medic axaminar? 1 Yes 2 No	Hospital:	tiant 2 ER/Outpati	ent 3 DOA	other:	Homa 5 Rasio		Othar (Specifi	v)		
Ing Ing	ation: T	27. Mannar of Deeth Natural 5 Pano 2 Accidant invest	28a. Data of In (Month, E	jury 28b. Tima	of 28c. In		ng Homa 5 Aasidance 8 □Othar (Specify) 28d. Dascribe how Injury occurred					
Divisic tal or Attend rs after death al Director: /	Certification:	3 ☐ Suicida 6 ☐ Coul 4 ☐ HomicIda date	minad 288. Place of I	be and 28a. Place of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Straat and Number or Rural Route Number, City or Town, State)								
Di To the Hospital or within 24 hours afte To the Funeral Dir completally filled in	edical	29a. Certifier 1 Certify (Check only 2 Medical	Il Examiner: On the basis	elcian: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es stated. Iner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.								
To th To th	×	29b. Signeture end title of certif	ier		29c. Lice	nse number		29d. Date sign	ned (Month,	Day, Yaer)		
1		Plane	Gormle	, MO	21	8587	~	July	21	79/		
5		30. Nema and address of person	n who completed cause of	deeth (Itam 23e) (Type	Print)	VE TO	Paltina.	RE 1	rd. 2	1229		
St Regis	ate	31. Data filed (Month, Dey, Yee	(1) 32. Bogis	deeth (Itam 23e) (Type 900 Cs trare Signatura 2 Davidson-Ru	della		ent to the at					



State of Maryland / Department of Health and Mental Hygiene

20143

							Certificat	te of	Death	1		Reg. No.			
										2. Date of D		3. Time of Death			
Physici /Medic			HARRY DONALD SCHWAAB						June	27, 1997		10:45 P			
	Exami		4a. Fecility Nama (If not institut		number)	0011111211			4b. City, T	own, or L	ocation of Dea		ty of Death		
/			Blakehurst	1055 W. J	Ionna	Road			Том	son		Ra	altim	ore	
_	Funeral	г	5. Sociel Sacurity Number	6. Sax		(In yrs. last birth		r 1 Yaar	If Unda	r 24 Hrs.	8. Data of Bi	rth			
	Director		218-09-6499	1 X M 2□ f	8	5 Yr	Months	Days	Hours	Min.	June 15.	ay, Year) 1012	Mar	npiaca (Stata or Foreig untry) Cyland	
_			Usual Residence of Dacedant		0	,			1	1	Dar 17	1/12	LICIL	yrand	
yland	Mo to		10a. Stata 10b. Coun	ty	1	IOc. City, Town o	r Location							10d. Insida City Limits	
Mar	12	ō	Maryland Bal	ltimore		Tows	son							1 □ Yas 2 No	
the	72 hours after death with the Maryland naturer, or terms 23e or 28e-f show Jical Examiner must be notified at	Je C	10e. Street and Number				10f. Zip	Coda				10g. Citizen o	f What Cou	untry?	
with		ā	1055 W. Joppa	Road				2120	14			U.S.	Δ		
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fter	5 5	FU	1 ☐ Never Married 2 🔯 Ma	arriad 1 TX Ye	l Forcas? es 2 □ No		if Yes, spe	cify Cub	en, Maxica	n, Puarto	Rican, atc.)		eck, White	, etc.	
urs a	Ç.	þ	3 ☐ Widowad 4 ☐ Divorce	If YAS	Giva or Detas: W		1 🗆 Yes	2[X]No	Spacify	:		Spec	Specify: White		
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nd 2 should be file		To B	Harry Willia	am Schwa	ah				Ott	till:	ia	Stump	f		
should	2 E E	-	19e. Informant's Name/Reletio		<u> </u>	19b. N	lailing Addres	s (Street				ber, City or Tow		ip Code)	
d 2	rages 1 and 2 some of Health ar not; If Item 27 is ury or other trau		Leila Schwaab	(wife)			55 W. J					Marylan			
Demit. Pages 1 ar			20a. Mathod of Disposition	("110)		20b. Place of D	isposition (Na.	ma of	-	1	Data	20c. Location			
Pages			1 Burial 2 X ramation		om State		cramatory or o		,			_			
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	D _ 4 G		Levres	tours	m							, Maryl	and 2	21212	
			23a. Part1. Entar the disease, shock, or haart failura. Li	or complications the st only one cause of	at caused the	na daath. Do not	entar the mod	da of dyli	ng, such es	s cardiac	or raspiratory	arrast,		Approximate Interval Batween	
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. 5	the atte	Physician	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did to							23b. Dic	tobacco use o	ontribute	to the cause of death		
1 1	£ 4	h,								Yee 2 No	3 □ Pro	obably 4 Onknow			
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he law requires t	bean si										24a, Wa	s en autopsy ormed?		Vara autopsy findings vailable prior to	
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,				State of Marylan	id / Depa	rtment of H	lealth and	Mental Hy	giene 9	7 2	0144			
			ITEM: 8 per FH G-749 7-3	-97 eoh	Cer	tificate of	Death		Reg. No.	· Cons	0171			
	Physici		1. Decedant's Nama (First, Middla, Last)					2. Data of De Month	ath Day	Voor	Tima of Death			
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21215-0020	should be filed within 72 hours after death with the Manylan nd Menial Hyglene. rrarked other than "netural", or items 23s or 28s4 show imatic event, it a Medical Examiner mast be notified at		15. Decedant's Educ	Yaar or Datas:	16a Deced	ant's Usual Occup	ation		16b. Kind of Bu					
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aryland	should be filed within 72 and Mental Hygiene. I marked other than "net umatic event, it a Medical	To	Frank Shutz Aurel						ia Roth					
Jan	2 8 9 2		19a. informant's Name/Ralationship (Typ	oe, Print)	19b. Mailin	g Addrass (Street	and Numbar or Ru	ıral Routa Numb	er, City or Town,	Stata, Zip Code	в)			
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	20240		John K A		87	28 Liber	ty Rd.	Randalls	stown, M	D 211				
			23a. Pure Enter the disaasa, or complication, or heart failura. List only on	cations that caused the deet e causa on aach lina.	h. Do not ente	ar tha mode of dyln	ng, such es cardiac	or respiratory a	rrast,	Inte	roximete rval Between et end Deeth			
	Physician /Medical		Immediata Causa (Final	Λ		0	-	. 45						
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o.	that the ed by detac		GUILLAIR -	BARRE	SYNI	PONE		10	Yee 2010	3 Probably	4 Unknown			
Kecords,	w requires that been signed b should be dete	d by				111		24a. Was	an autopsy	24b. Ware at	utopsy findings			
Ö		Completed							rmed?	eveilabl	a prior to tion of cause			
Ř	has be 2	дшо						40		of daath	_/			
	lcian: Th certificata rector, par		25. Was case referred to medical				OO Diseased Day	10		1 🗆 Yas	3 2 2 No			
5	Physician: r this certific aral director,	o Be	examinar?	ospital:	ER/Outpatien	3□ DOA Oth	ar.	ith (Check only o	danca 6 □Othe	ar (Specify)				
ō	y Phy er this eral o	-	27. Manner of Death	28a. Date of Injury	28b. Tima of	28c. Injur Wor		1	how Injury occurr					
0	Attending F or death. ector: After by the funer	atlo	1 ■ Natural 5 ■ Panding 2 ■ Accident invastigation	(Month, Day Year)	Injury		Yes 2□No							
Division		Certification:	3 ☐ Suicida 6 ☐ Could not be dataminad	28e. Place of Injury - At he building, atc. (Specifi	oma, farm, stra	at, factory, office		28f. Location (Streat and Number	er or Rural Rou	ute Number,			
בֿ	irs after al Dir led in													
	To the Hospital or within 24 hours after To the Funeral Dir completaly filled in	edical	(Check only 2 Madical Examin	ician: To the best of my kno ar: On the basis of examina	wladga, daath tion and/or Inv	occurred at tha tir astigation, in my o	na, data and place pinion, death occu	, and due to the rred at tha tima,	cause(s) and ma data and placa, a	nner as stated and dua to tha	cause(s)			
	thin 2 the I	Med	one) 29b. Signatura and title of certifiar	and manner stated.		29c. Licens			29d. Data signed					
	¥ ± 8		B - CI	7		D	19000	,	T. A.	7	967			
	1		30. Name and address of person who con	m MD	22a) /T	D!	2000)	JULY	2,1	1771			
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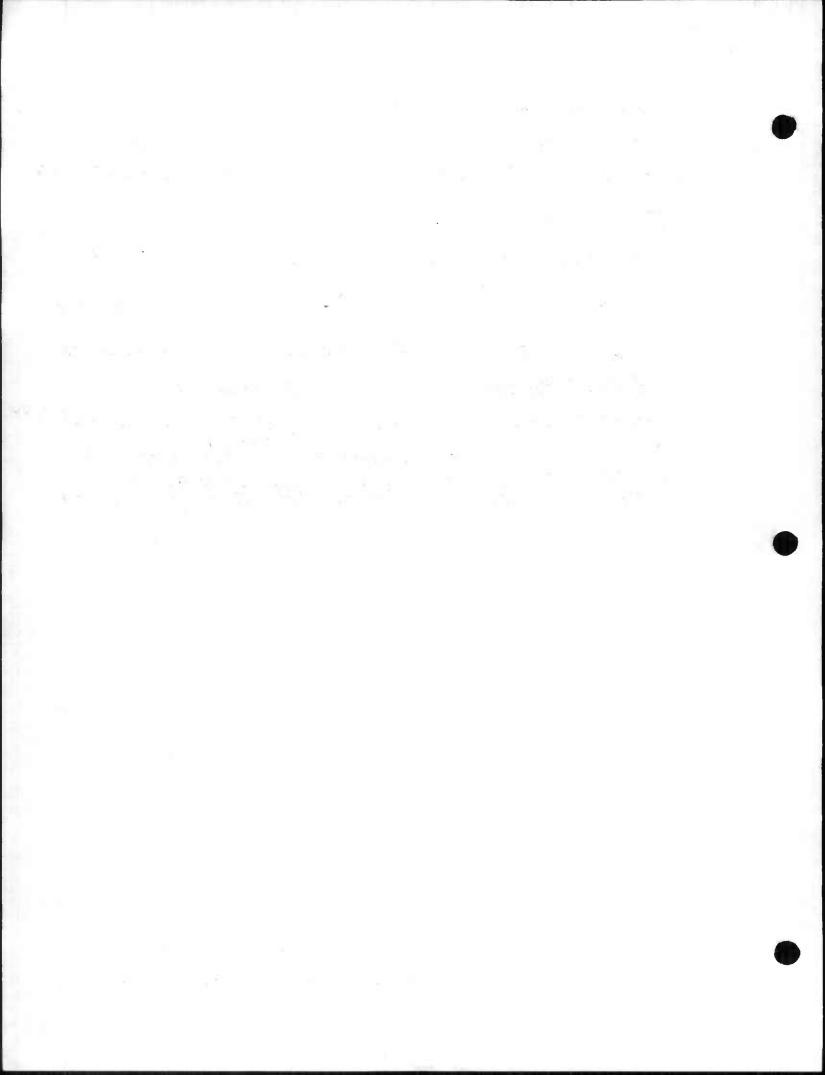
State Registrar leave to the state of the state Transfer to the second 97-3432-031

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

MARGARET

State of Maryland / Department of Health and Mental Hygiene 97

SHI	ERRY				Certificate of	of Death	Re	g. No.	,	20170
	Dharala		1. Decedant's Nama (First, Middla, L	ast)			2. Data of Death		Vasa	3. Time of Deeth
	Physic /Medi		MARGALET	ANNE	SHEKLY		JUNE	22	1997	4:50P.M
	Exami		4a. Facility Nama (If not institution, g			4b. City, Town, or Lo	ocation of Death	4c. County	of Death	
1			10201 GROSVEN	OR PLACE		BETHESE	A	MONTO	GOME	RY
	Funeral Director		5. Social Security Number 6. 026 - 24 - 1474 Usual Rasidance of Dacadant	Sax 7. Age (I	In yrs. last birthday) If Under 1 Ya Months Day		8. Data of Birth (Month, Day,	730		laca (Stata or Foreign
	show		10a. Stata 10b. County	1	0c. City, Town or Location				10	0d. Inside City Limits
	72 hours after death with the Maryland natural, or items 23a or 28a-f show of cal Examiner must be notified at	Director	MD · Monto	Somery	ROCK VILLE		10	g. Citizan of V	What Coup	1 No 2 No
	ath with		10201 CRO	VESVENOR	LANE 20	852		U-	51	7
	er de	Funeral	11. Marital Status	12. Was Decedant Eva Armed Forces?	ar in U,S. 13. Was Dacedant of if Yas, specify C	of Hispanic Origin? (Sp. Juban, Maxican, Puarto	ecify Yas or No- Ricen, atc.)		e - Amarica k, Whita,	
21215-0020	"natural", or	by	1 Navar Married 2 Married 3 Widowad Divorcad	1 Yas No If Yas, Give Yaar or Datas:	1□Yas 2	No Specify:		Specify	WH	4ITE
15-	"natu	ete	15. Decedant's i (Spacify only highast g	Education rada completed)	16a. Decedent's Usual Oc (Give kind of work do	na during most of work	ing 1	6b. Kind of Bu	usiness/Ind	lustry
12	be filed within 72 ho tal Hygiene. Id other than "natui event, the Medical	Completed	Elamentery/Secondary (0-12)	Coilage (1-4or 5+)	HOMEM	. 1/		DID	1 24	8ME
	e filed al Hygi other vent,		17. Fathar's Nama (First, Middla, Las	(it)_	11011-11	18. Mother's Name	a (First, Middla, M	alden Suman	110	71 11-
lan	should be nd Mental marked o	To Be	ALBELT	PIE DEL		THE	esA L	wich	1	
Maryland		-	19a. Informant's Nama/Ralationship	(Typa, Print)	19b. Mailing Addrass (Str	aet and Number or Run	al Routa Number,	City or Town,	Stata, Zip	Coda) = 2 / 17
	27 tr		MARGALET	HELRY	69 BLOAT	DWAY ADI	1.2 AL	Line	50,	Coda) 02/7
ore	ges 1 en t of Heal If item 2 or other		20a. Mathod of Disposition 1 Burial 2 Cramation 3		20b. Place of Disposition (Name of comatary, cramatory or other)	place)	Data 2	0c. Location -	City of To	
E	Pages ment of land or o		4 Donation 5 Othar (Space		ST. J. SEPHS	EM	1997	BOSTE	TN,	MA.
Baltimore,	Depart Import any in		21. Squature of Funding Service Lig	. Sheet	22/Name and Ad	drass of Facility	2829 1	FUDS	21	37
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ı.	Physician		snock, or neer tallura. Lisyoni						į	Interval Batween Onsat end Death
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	icete be executed physician and s the burial-transit	Examiner	Sequantially list conditions, if any, leading to immedieta	Due	a to (or as a consequanca of):					
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×	death certificate be executed e attending physician and of for use as the burial-transit	Medical	rasulting in death) Last	Due	a to (or as a consaquanca of):				die de	
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Vital Records,	v requires been sign should be						24a. Was an		24b. Wa	ara autopsy findings ailabla prior to
900	- LD 00	Completed					perform		con	npletion of causa death?
Ä	0 - 0	mo:					1 X Yas		102	Yas 2□ No
ita	ysician: The s certificate director, par	Bec	25. Wes casa rafarrad to medical axaminar?			26. Place of Deatl	(Check only one)		
of V	\$ 00	To	1XYes 2□ No	Hospitai: 1 Inpatiant	2 ☐ ER/Outpatient 3 ☐ DOA	Other: 4 Nursing Ho	ma 5 Rasidan	ca 6 Oth	ar (Specify)
n		on:	27. Mannar of Deeth to⊠Naturai 5 □ Panding	28a. Date of Injury (Month, Day Ya			28d. Dascribe hov	v injury occur	red	
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Division	F 50 F C	Certification:	4 ☐ Homicida detarmine	building, atc. (S	 At homa, farm, streat, factory, offices Spacify) 	Ca	28f. Location (Stre City or Town,		er or Hura	Houta Number,
	To the Hospital or Attent within 24 hours after death To the Funeral Director: completely filled in by the	edical Co	(Check only 2 Medical Exa	minar: On the basis of axe	ny knowledge, death occurred et the amination and/or invastigetion, in m	tima, data and piaca, y opinion, daath occurr	and dua to tha cau	use(s) and me	enner es sta	ated. tha causa(s)
	ithin 2 the emple	Med	29b. Signatura and titia of certifiar	and menner stetad		ansa number		d. Data signe		
	FIFS		10 100	,						
,	~ 1		30. Nama and address of person who	4 19		C.M.E.	J	UNE 2	3,19	9/
(XX		D TCI	nte M	111 Penn S	Street B	altimor	e. Ma	rvla	nd 21201
	Sta	te	31. Data filed (Month, Day Year)	Julia Paridon		LLCCC, D	- L CINOL	C, Ha	тута	114 21201
	Registr		JOT 0 2 1331	June ministray-	Market Street					



State of Maryland / Department of Health and Mental Hygiene 20146 Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Deeth 3. Time of Death Month Lawrence Scally June 29 1997 12:30 am 4a. Facility Name (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death MAYIS Timonium Baltimore If Under 1 Year if Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 6. Sex 7. Age (In yrs. lest birthday) Birthpleca (Steta or Foreign Country) 12M 2DF 10 3165 87 Yrs. November 9 1909 Maryland Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Baltimore 1 ☐ Yas 2 No Parkville 10f. Zip Code 10g. Citizen of Whet Country? 21234 USA Church 12. Was Decedent Ever in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yas, specify Cuban, Mexicen, Puerto Rican, atc.) Race - American Indian, Bleck, Whita, etc. 1 ☐ Yas 2 Ø No If Yes, Give Yaar or Detes: 1 Never Married 2 Married 1 ☐ Yes 2 Z No Specify: Specify: 3 Widowed 4 □ Divorced White Decedent's Usuel Occupation
 (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Coilege (1-4or 5+) Elementery/Secondery (0-12) LAWYER LAW + 17. Fathar's Name (First, Middia, Last) 18. Mother's Neme (First, Middle, Melden Surnema) SCAlly T. Marquerite 19a. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Baltimore Mary Catherine Scally-Robertson Chesthill 21236 Md 20b. Plece of Disposition (Neme of cematary, crametory or other p Date 20c. Location - City or Town, State 2 1 Burlal 2 □ Cremetion 3 □ Ramoval from Stete YIVE Baltimore, Mary land 4 ☐ Donetion 5 ☐ Other (Specify) Holy Kedeemer 21. Signeture of Funerel Service Licensee 22. Nama and Address of Facility Chapel of Memories EVAMS Vunn 8800 HArford N Baltimore, Md 21234 23a. Pert1. Enter the disease, or compilcations that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilura. List only one cause on each lina. Approximete Intervel Between Onset end Deeth Malignant Medanoma Due to (or es a consequence of) Due to (or es a consequence of):

Physician /Medical **Examiner**

Physician

/Medical

Examiner

Funeral

Director

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

Director

Funeral

à

Completed

Be

the Maryland

death with

filed within 72 hours after Hygiene.

permit. Pages 1 and 2 should be filed wi Department of Health and Mental Hygiene Important: if Item 27 is marked other that any Injury or other treumatic access

Baltimore, Maryland 21215-0020

Stella

5. Social Security Number

212

10a. State

Maryland 10e. Street and Number

2914

LAWrence

20e. Method of Disposition

Immediate Ceuse (Finel

disaase or condition resulting in death)

11. Marital Status

the burial-transit attending physician for use as the burie datached signed by t

paga 2 should peen has this certificate Division of Vital Hospital or Attending Physician: 24 hours after death. director Affar Director: To the Hospital or within 24 hours aft To the Funeral Di completaly filled in

Records, P.O. Box

Physician/Medicai ģ Completed Be P

Sequentielly list conditions, if eny, leeding to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events rasulting in deeth) Last Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

25. Wes case referred to medical 1□ Yas ŽE No 27. Menner of Deeth 5 Pending investigation 2 Accident 6 Could not be 3 Suicide

29e. Cartifier

(Check only

Certification:

Medicai

4 Homicide

it of certifier 29b. Signature and Ikhod

1 Cartifying Physician: To the best of my knowledge, deeth occurred et the time, dete and plece, and due to the ceuse(s) end manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end plece, and due to the ceuse(s) end manner stated.

29c. Licanse number

28c. Injury at Work?

1 ☐ Yas 2 ☐ No

D 15504

29d. Dete signed (Month, Day, Year) 6.30 77

Timonium, Md

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

23b. Did tobacco use contribute to the cause of death?

24a. Was an autopsy

Other: Nursing Homa 5 Residence 6 Other (Specify)

26. Plece of Death (Check only one)

1 ☐ Yas 2 No

28d. Describe how injury occurred

1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☑ Unknown

24b. Ware eutopsy findings available prior to completion of cause of death?

1 ☐ Yas 2 ☑ No

21093

30. Nema end address of person who completed cause of deeth (Item 23a) (Type, Print)

M.D.2300 Dulaney Valley Rd Eddie Nakhuda,

28e. Dete of Injury (Month, Day Year)

31. Date filed (Month, Dey, Year)

32. Registrer's Signeture idia Murdson-Randale

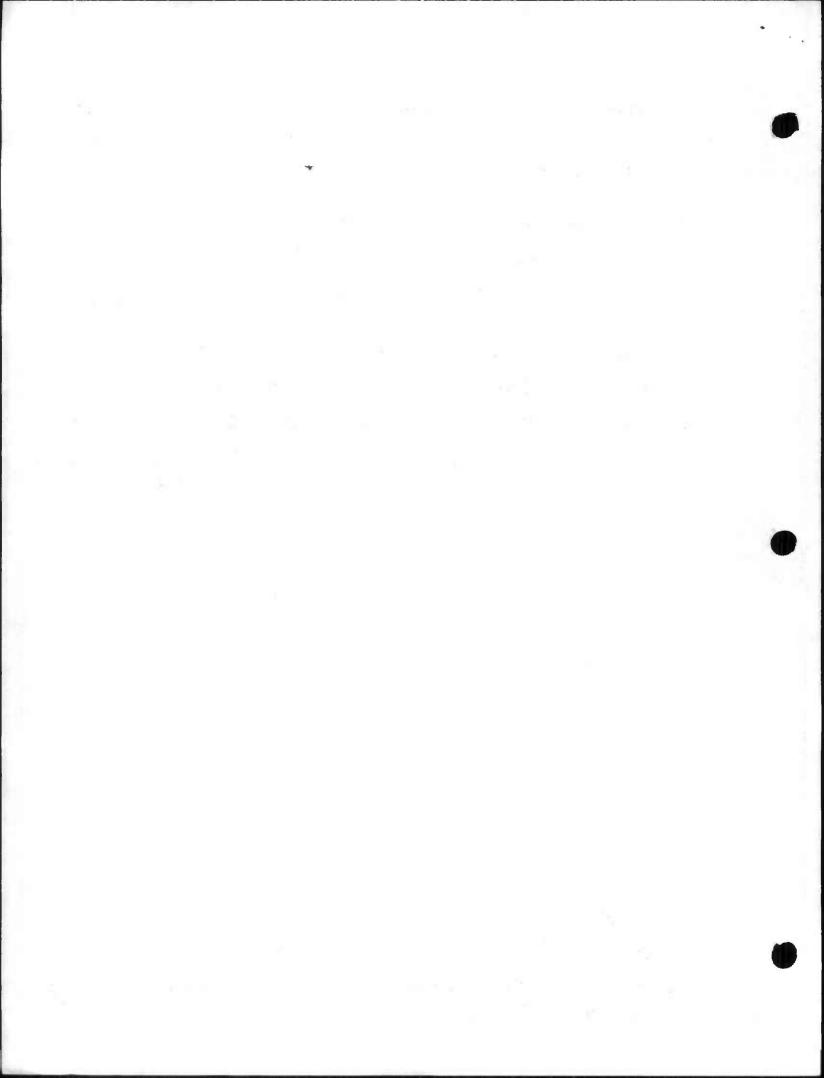
Dua to (or es a consequança of):

1 Inpatiant 2 ER/Outpatient 3 DOA

28e. Plece of tnjury - At home, ferm, street, fectory, office building, etc. (Specify)

28b. Time of Injury

State Registrar



JUNE 30,1997

			State of Maryl		nent of Health and cate of Death	d Mental Hy	giene 9	37 2	0147
		1. Decedent's Name (First, Middla, La	st)	Certifi	cale of Dealif	2. Date of De	Reg. No.	2	. Time of Death
Physic	ian			COUL	ann.	Month	Day	Year	
/Med		CHRISTINE 4a. Facility Name (If not institution, giv	a street and number)	SCHAI		JUNE or Location of Death			4:20 P
Exami	ner				111/10	wille			
Funeral		817 SEMINARY A 5. Social Security Number 6. S		rs. last birthday) If	Under 1 Year if Under 24 H	Irs. 8. Date of Birl lin. Month, Da	BALT.	9 Birthplace	(State or Foreign
Director		220-13-6762 1 Usual Residence of Decedent	□M 200 F		onths Days Hours M	lin. Month, Da	28,1980	Mary Mary	Stata or Foreign
deeth with the Maryland rms 23s or 28s-f ehow		10a. Stete 10b. County	10c.	City, Town or Location	n			10d. i	inside City Limits
ges 1 and 2 should be filed within 72 hours efter deeth with the Manylar to Mealth and Mental Hygiene. If item 27 is marked other than "natural", or items 23s or 28s-f show or other traumatic event, the Medical Examinar must be notified at	to	Maguland Baltin	1000	OCHPUSU	1110				1 ☐ Yes 2 X No
r 28	Director	10e. Street and Number		1	Of. Zip Code		10g. Citizen of V	Whet Country?	
th will		10602 Partrida	& LONE AD	1 C-1	21030		115	RA	
9	Funeral	11. Maritel Status	12. Wes Decedent Ever in Armed Forces?	n U,S. 13. Was	Decedent of Hispanic Origin? s, specify Cuban, Mexican, Pu	(Specify Yes or No	- 14. Rac	e - American li	ndien,
of of the state of		1 Never Married 2 Married	1 Yes 2 No		res 2⊠(No <i>Specify:</i>	ento mican, etc.)		ck, White, etc.	0
Iral',	d by	3 Widowed 4 Divorced	Year or Dates:		TOS ZIJACITO OPECNY.		<i>Specin</i>	Whit	
be filed within 72 hours efter tal thygiene. d other than "natural", or he event, the Madical Examina	Completed	15. Decedent's Ed (Specify only highest gra	ducation da completed)	(Giva kind	s Usual Occupation of work dona during most of t	working	16b. Kind of Bu	usiness/Industr	у
The state of the s	E D	Elementary/Secondary (0-12)	College (1-4or 5+)	life. DO I	OT usa retired)		4-	_	
Hygie ther int,	ပိ	17. Father's Name (First, Middla, Last)		Meve	R WURRICI	Name (First, Middle,	Maidan Cumam		
2 should be filed with and Mental Hygiene. Is marked other than aumatic event, the	Be	Dialogad M S	alea CCan		Onella	LI O	maidan Suman	Tal)	
2 should and Men is marks	10	19a. Informent's Neme/Relationship	MUTTER	40h Mailing A	Pau	a ner	W14	O-1- T- O-1	4.1
d 2 s d 2 s th an 7 is		Parla Saha CCal			Idress (Street and Number or	HEA I A	allanen	Stata, Zip Coc	1 21121
1 end Health em 27		20a. Method of Disposition	2 mother	b. Place of Disposition	(Nama of	Date	20c. Location -	City or Town	State
permit. Peges 1 end Department of Health Important: If item 27 any Injury or other tr once.		1 Bunal 2 □ Cremation 3 □	Removal from State	cematary, cremato	y or other place)	July 2	T	0.19 0. 10 1.11	1 1
it. P		4 ☐ Donation 5 ☐ Other (Specify 21. Signeture of Funeral Service Licer		huaney Va	me and Address of Facility	den 1997	IIMONI	um, r	larylan
permit. Departminitude any Inju		21. Significate ory directal Service Cicer	/ 1 // 1	22. Na	The and Address of Facility	evans c	hapel o	+ Chim	(L)
		onesia .	Wells	232	5 YORK Rd. 7	IMONIUM	1, Mar	7.00	21093
-		23a. Pert1. Enter the disease, or comp shock, or heart failure. List only	one ceuse on each line.	eath. Do not enter th	e mode of dying, such as card	liac or respiratory ar	rest,	Inte	proximate ervel Between set end Death
Physician /Medical		Immediate Cause (Finel							set and Death
Examiner		disease or condition resulting in death)		INJURI				1	
	ē		Due to	o (or as a consequen	e of):			l l	
1	Examiner	Consequent of the Property of the	b. — Due to	2 (25 20 2 202020) and h				
- F 3	Exa	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying	Due to	o (or as a consequent	:e of):				
	dical	Ceuse (Disease or Injury that Initiated events	C	(0.000000000000000000000000000000000000	0.00				
£ 5	0	resulting In death) Last	Due (c	o (or as e consequenc	e orj.				
auth certific attending p for use es	2		d						
requires that the death certification is seen signed by the attending in the detached for use ear	Physician/M	Pert il. Other significant conditions co	ontributing to death but not	resulting in the under	ving cause given in Part I	23h Did t	obacco usa con	ntribute to the	cause of death?
that the da	hys				ying was so given in take.	1 🗆 1	_		y 4 Unknow
s tha	by F					_	- 4(110		1230
w requires that been signed be should be det							en autopsy	24b. Were a	autopsy findings le prior to
	plet					- perio	med?	comple of deat	etion of cause
The law ata hes page 2	Completed					101	es 2 No	1 ☐ Ye	s 2X No
	0	25. Was case referred to medical			26. Plece of D	Death (Check only o			
ysici is ce direc	To B	examiner? 1 SpYes 2 □ No	Hospital: 1 Inpatient 2	2□ ER/Outpatient 3	Other:	Home 5 Resid		er (Specify)	MX77
er th		27. Menner of Death	28a. Dete of Injury (Month, Day Year	28b. Time of	28c. Injury at Work?		now injury occurr		MVA
Attending Physicien: r death. octor: After this certific by the funeral director.	atic	1 □Natural 5 □ Pending 2 □ Accident investigation	06-29-199			PASSEI	NGER IN	N AUTO	IMPACT
or Attend after death Director: /	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Injury - A building, etc. (Spe	t home, farm, street, f			Streat and Numb		uta Number,
Partition of in	Cer		canding, etc. (opt	ROADW	AY	817 Si	EMINAR	Y AVE.	WEST
o the Hospital or Attendit within 24 hours after death. To the Funeral Director: Al	-				urred at the time, date and pla				
o the Hos ithin 24 h o the Fun ompletely	ledical	one) 21x Medical Exam	and manner stated.	mation end/or investi	ation, in my opinion, death oc	curred at the time,	date and piece, a	and due to the	Cause(s)
o tipo to	Σ	29b. Signature end title of certifier			29c. License number		29d. Date signed	d (Month, Day,	Year)

State Registrar

Donald G. Wright M.D.

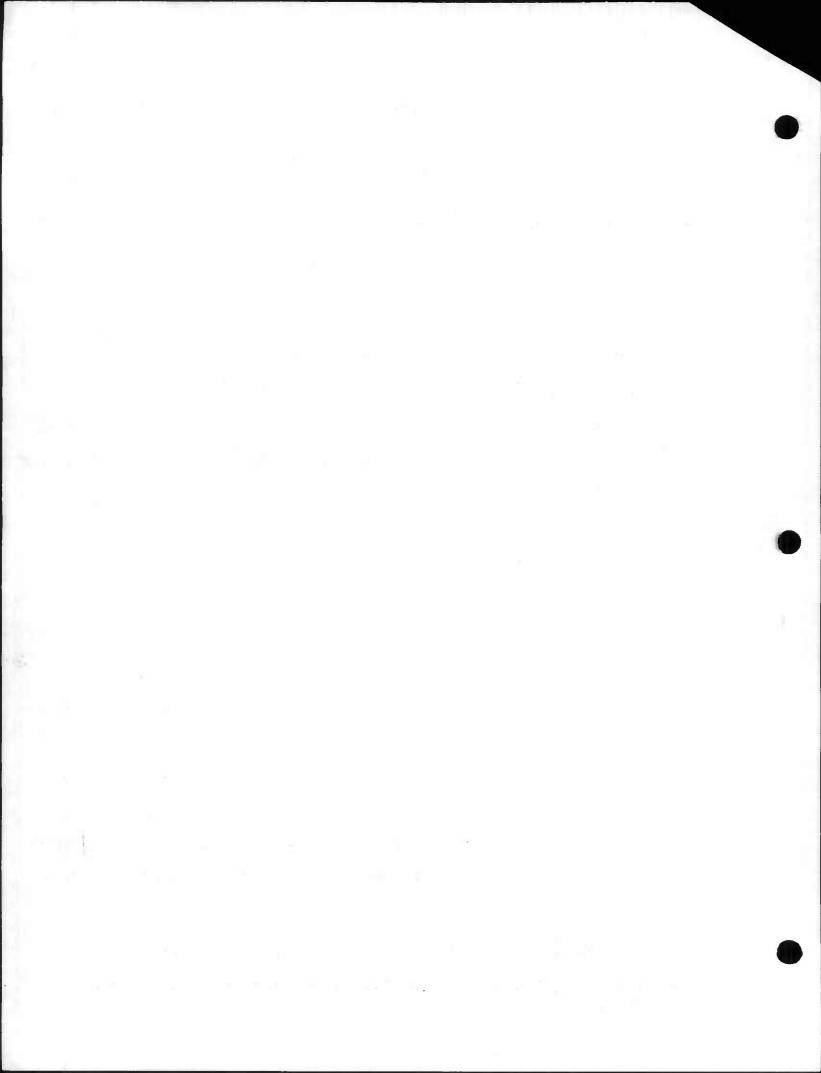
31. Dete filed (Month, Day, Year)

JUL 0 3 1997

Julio Junio 111 Penn Street, Baltimore, Maryland 21201

30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print)

OCME



Director

Completed

98

the Medi

hit. Pages 1 and 2 should be filed w setment of Heelth and Mental Hygier portant: if Item 27 is marked other it Injury or other traumetic event. Its

Physician /Medical

Examiner

attending physician e for use as the buriel-

signed by the

page 2 s

Examiner

Physician/Medical

by

Completed

Be

Certification: To

Medicai

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

PHILLIP J. SLIWINSKI

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

20148

Physicia /Medic Examin	ai
Funeral Director	

4e. Fecility Neme (If not institution, give street and number) ST. AGNES HOSPITAL CHEST PAIN E.R.

SLIWINSKI

JULY 1 4b. City, Town, or Location of Deeth

2. Dete of Deeth

3. Time of Deeth Dey 199 Year 1420 PM

7. Age (In yrs. last birthdey) If Under 1 Year If Under 24 Hrs. 5. Sociel Security Number 1 □(M 2 □ F

BALTIMORE

4c. County of Deeth

Usual Residence of Decedent 10a. Stete 10b County 10c. City, Town or Location Deys Hours 9. Birthplece (State or Foreign Country) MARYL AND

10d. Inside City Limits

MD.

218-26-4859

10f. Zip Code

TROUBLE SHOOTER

1 Ves 2 □ No 10g. Citizen of Whet Country?

10e. Street end Number

623 S. LINWOOD AVENUE

N/A

J.

21224

USA

11. Maritel Status

1 ☐ Never Married 2 X Married 3 ☐ Widowed 4 ☐ Divorced

1. Decedent's Neme (First, Middle, Last)

PHILIP

12. Wes Decedent Ever in U.S. Armed Forces? 1X Yes 2 □ No If Yes, Give Yeer or Dates: KOREA

65

 Wes Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1□ Yes 2□No

14. Reca - American Indian, Bleck, White, etc. Specify: WHITE

15. Decedent's Education (Specify only highest grede completed) Elementery/Secondery (0-12)

College (1-4or 5+)

16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

BALTO. GAS & ELEC.

21222

YEARS 17. Fether's Name (First, Middle, Last)

ADAM SLIWINSKI

18. Mother's Name (First, Middle, Meiden Surneme)

ANNA LEWANDOWSKI

19e. Informent's Neme/Relationship (Type, Print)

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 623 S. LINWOOD AVENUE BALTO, MD.

MS. DOLORES SLIWINSKI

20b. Place of Disposition (Name of cemetery, cremetory or other place)

BALTIMORE

Dete

20c. Location - City or Town, Stete

20e. Method of Disposition Duriel 2 ☐ Cremetion 3 ☐ Removel from Stete

STANISLAUS CEM

7-5-97 BALTO. MD.

4 ☐ Donetion 5 ☐ Other (Specify) Senature of Funerel Service Licenses

201Mester

KACZOROWSKI FUNERAL HOME 1201 DUNDALK AVE. BALTO. MD.

23a. Pert1. Enter the disease, of complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line.

Approximete Intervel Between Onset end Deeth

Immediate Cause (Final diseese or condition resulting in deeth)

Arteriosclerotic Cardiovascular Disease

Due to (or es e consequence of):

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest

Due to (or as a consequence of)

Due to (or es e consequence of):

Pert il. Other signiffcant conditions contributing to death but not resulting in the underlying ceuse given in Pert I.

23b. Did tobacco use contribute to the cause of death?

1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown

24a. Wes en eutopsy performed? INSPECTION 24b. Were eutopsy findings evelleble prior to completion of ceuse of deeth? 1 ☐ Yes 2 ☐ No

25. Wes case referred to medical exeminer? TY Yes 2 No

Hospital: 1 Inpatient 28e. Dete of injury (Month, Day Year)

2X ER/Outpetient 3□ DOA 28b. Time of 28c. fnjury et Work?

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how Injury occurred

1 Yes 2 No

27. Menner of Deeth 1X Neturel 2 Accident 3 Suicide

4 Homlcide

5 Pending investigetion 6 Could not be determined 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

1 Yes 2 No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29e. Certifier

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted. Medicat Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the ceuse(s) end meaning stated.

29b. Signeture end title of certifier

29c. License number

O.C.M.E

29d. Date signed (Month, Dey, Year) JULY 1, 1997

30. Neme end eddress of person who completed ceuse of deeth (Item 23e) (Type, Print)

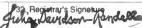
David Fowler, M.D.

111 Penn Street, Baltimore, Maryland 21201

26. Piece of Death (Check only one)

State Registrar

31. Dete filed (Month, Dey, Year) JUL 0 3 1997



P.O. Box 68760, Records,

Baltimore, Maryland 21215-0020

The law requires that the daath certificata be executed Division of Vital

Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certificately filled in by the funeral director; ş

within 24 hours a
To the Funeral D
completely filled

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middla, Last) 2 Data of Death **Physician** 405 JILL /Medical 4a. Facility Nema (If not institution, giva street end numbar, 4b. City, Town, or Location of Deel 4c. County of Death Examiner St. Elizabeth's Nursing Home Baltimore 5. Social Security Number 6. Sax 7. Age (In yrs. last birthdey) If Undar 1 Yaar If Under 24 Hrs. Birthplace (State or Foreign Country) **Funeral** 1□ M 25 F Months Deys Hours Yrs. Director 215-07-1211 84 1/21/1913 MD. Usual Rasidanca of Decedant the Maryland 10a. Stata in "natural", or items 23a or 26a-f show Madical Examiner must be notified at 10b. County 10c. City, Town or Location 10d. Insida City Limits MD. Baltimore Director n/a 1 X Yas 2 □ No 10e Street and Number 10f. Zip Code 10g. Citizen of What Country? 5104 Hamilton Street U.S.A. Funeral 21207 death 12. Was Dacedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Dates: Was Dacedant of Hispanic Origin? (Spacify Yas or No-If Yes, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Raca - Amaricen Indien, Black, White, atc. filed within 72 hours efter 1 Never Marriad 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☐ No Specify: Specify: Be Completed by white 3 ☐ Widowad 4 ☐ Divorced 16e. Dacedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa retired) 15. Dacedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry other than " Elemantary/Secondary (0-12) Cotlega (1-4or 5+) The 12 stationary co. bookkeeper 17. Fathar's Name (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumeme) Peges 1 end 2 should be nent of Health and Mentel marked 0 Frederick William Engel Amelia (Dudek) 19a. Informant'a Name/Raletionship (Type, Print) 19b. Mailing Addrass (Straet and Number or Rural Routa Number, City or Town, Stata, Zip Coda) -00 : If item 27 is or other tra Leonard Engel 5104 Hamilton St., Baltimore, Md. 21207 20b. Place of Disposition (Name of cematary, crametory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Burial 2 Cremetion 3 Ramoval from Stata permit. Pege Department of Important: If any Injury or Good Shepherd Cemetery 7/5/97 4 ☐ Donation 5 ☐ Othar (Specify) Ellicott City, MD. 21. Signetura of Funaral Sarvice Licensaa 22. Nama and Address of Facility Witzke Funeral Homes, Inc. L. 23a. Pert1. Enter the diseesa, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrast,

Approximate

Approximate Interval Batween Onset and Death Physician immediate Causa (Final diseese or condition rasulting in daath) /Medical **Examiner** Examiner Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Cause (Disaasa or Injury that initieted evants rasulting in daath) Last Dua to (or as a consequence of) Physician/Medical Dua to (or as a consequence of): Box The law requires that the death P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 □ Probably 4 ₺ Unknown Parkinson's of Vital Records. þ 99 24b. Ware eutopsy findings eveileble prior to comptation of ceuse of daath? page 2 should Completed 24a. Was an autopsy performed? 1 ☐ Yas 2 No 1 ☐ Yas 2 PNo certificate Hospital or Attending Physician: director. Be 25. Wes casa rafarred to medical 26. Plece of Daath (Chack only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No Certification: To 1 Inpatiant 2 ER/Outpetiant 3 DOA this 27. Mannar of Daath 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred 28b. Tima of After Division 1 Natural 5 Panding invastigation s efter death. 1 ☐ Yas 2 ☐ No 2 Accident in by the 3 Suicide 6 Could not be daterminad 28a. Place of Injury - At homa, farm, straet, factory, offica building, etc. (Specify) Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 ☐ Homicide within 24 hours a To the Funeral C completely filled 1 Certifying Physician: To the best of my knowladge, daath occurred et the tima, date and place, end due to the cause(s) and menner es steted.

2 Medical Examiner: On tha bests of exeminetion and/or investigation, in my opinion, death occurred et tha tima, data and place, and dua to tha cause(s) and mannar stated. Medical 29a. Certifier To the 29b. Signatura and title of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year)

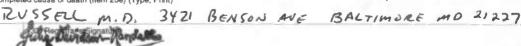
State Registrar

Data filed (Month, Day, Year).

JUL 0 3 199/

30. Nama and addrass of parson who completed causa of daath (Item 23e) (Type, Print)

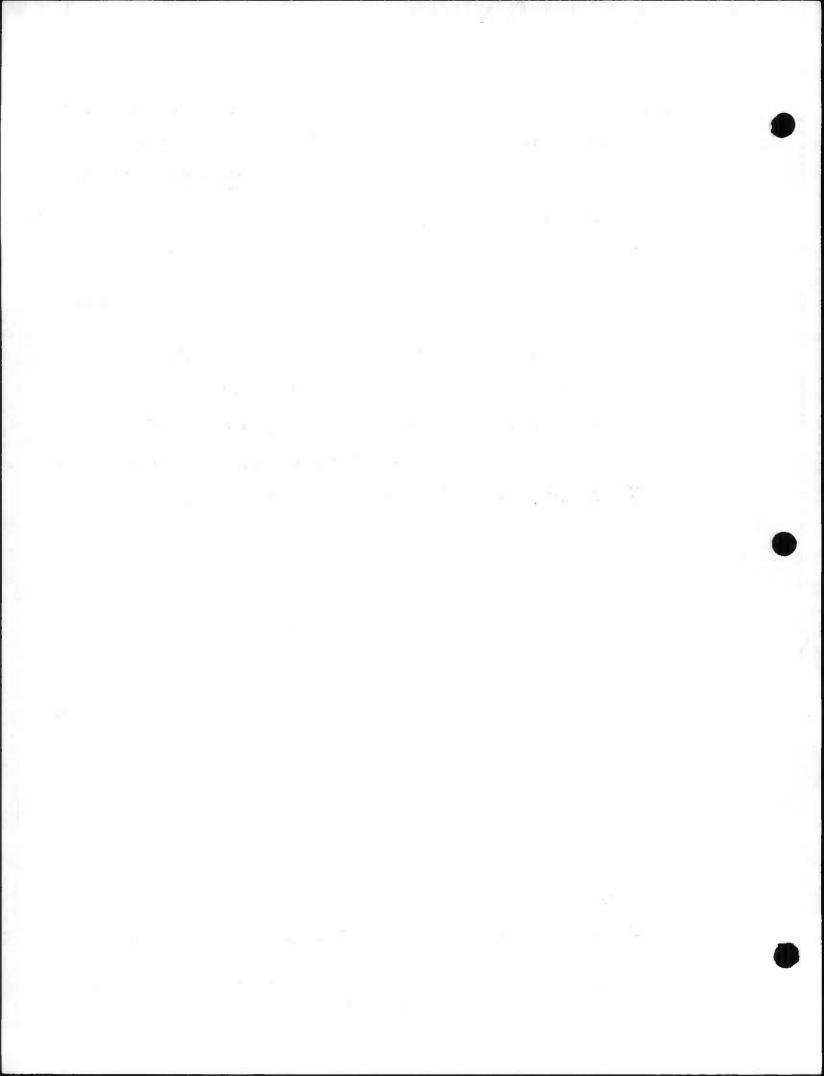
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State of Maryland / Department of Health and Mental Hygiene 0.77

		Ιt	em: 19a per F.H. G-749	7/8/97 reb	,	Certifica	ate of	Death		Reg. N	0.	1	4 U	150
	Dhunia		1. Decadant's Name (First, Middla, L.	est)	75				2. Data of E Month			Year	3. Tim	na of Death
	Physici /Medi		ANNA	S	CHAF	ER			JUNE	26		97	9:	05 PM
5	Examir		4e. Facility Nama (If not institution, gi	va street end number)				4b. City, Town, or L		ath 4	c. County of	of Deeth		
	<u></u>		Stella Maris Hos	spice				Baltimor	e	B	altim	ore		
	Funeral Director		213-42-4958	Sex 7. Ag 1□M 2[XF	e (In yrs. le 89	st birthday) If Un Monti	der 1 Yeer hs Days	if Under 24 Hrs. Hours Min.	8. Dete of B (Month, L Feb . 13	lirth Day, Year , 190	, 8 E	9. Birthp Coun Balto.	leca (Str try) City	ata or Foreign
	pur *		Usual Rasidance of Decedent 10a. Stata 10b. County		10c City	Town or Location						14	Od Incir	de City Limits
	laryle sho	ŏ	201,420									"		Yea 2 XNo
	28a-	Director	Maryland Baltime	ore	King	gsville	Zip Coda				141 434			
	ath with 23a or	rai Dir	7001 Mt. Vista R				21087			U	.S.A.			
Maryjand 21215-0020	filed within 72 hours after death with the Maryland Hygiene. Ider than "naturel", or items 23a or 28a-f show int, the Medical Examine must be notined at	by Funeral	11. Marital Status 1 Never Merried 2 Married 3 XX Widowed 4 Divorced	12. Was Decedant Armed Forces? 1 Yas 2 H Yas, Give Year or Datas:		If Yes, s	cedant of F pecify Cub	dispanic Origin? (Spen, Maxican, Puerto Specify:	pecify Yes or N Rican, etc.)	10-		- Amarica c, White, c		n,
20	72 ho	Completed	15. Decedant's E	ducation		16a. Decedent's U	sual Occup	pation	li for an	16b. l	Kind of Bus	sinass/Ind	Justry	
21	hin 7	De e	(Specify only highest gr Elamantary/Secondary (0-12)	ada com <i>plated)</i> Collaga (1-4or 5	i+)	lifa. DO NO	work done Tusa retire	during most of world)	king					
21	flied within Hygiene. other than sert, the Mi	No.	10	n/a		Tavern 0	wner			Sel	f-Emp	loye	d	
pu	should be filed and Mentel Hygi marked other imatic avant, i	Be (17. Fathar's Name (First, Middla, Las	1)				18. Mother's Nerr	e (First, Middi	ia, Maida	n Sumame	9)		
- a	should be find Mentel I	To	Thomas Winebrene	r				Frances	Kasper					
an	d 2 should h and Mer 7 is marke traumatic		19a. Informant's Name/Ralationship SCHAFER	(Type, Print)		19b. Mailing Addr	ass (Street	and Number or Ru	rai Routa Num	ber, City	or Town, S	Stata, Zip	Code)	
	5 6 8 7		George T. Snyder	(Son)		20 Elray	Road	Kingsv	ille,	Md.2	1087			
re	of Heel		20a. Mathod of Disposition		20b. Pia	ca of Disposition (/	Vama of		Deta	T	ocation - (City or To	wn, Staf	ia
Ĕ	Pages nent of h rnt: If Its iry or of		1 Burial 2 Cramation 3 4 Donation 5 Othar (Speci					m.June 30	1997	Full	lerto	n Md	21	236
Baitimore,	permit. Pages 1 e Department of He Important: if Itam any Injury or othe bacs.		21. Signature of Funeral Sarvice Lice	110000000000000000000000000000000000000	00.0			ss of Fecility	, 1007	1101	101 00	711,110		_00
ä	Den		1524		1	E. F	. Las	sahn Fune	eral Ho	me				
	- CF5-21	Н	23a. Pert1. Enter the disaesa, or on shock, or haert failure. List only	policetions that caused	the death	1175	0 Bel	air Rd.	Kingsv	ille	, Md.	210	87 Approx	rlm ata
	Dhamistan		shock, or haert failure. List only	ona causa on each lin	ne.	DO NOT WINES (NO II	rode or dyn	ig, such as cardiac	or raspiratory	arrast,		1	Intarval	l Batwaan and Death
	Physiclan /Medical		Immediata Causa (Final	CANCE		THEM HO	0.00						d	נצג
	Examiner		diseasa or condition rasulting in death)	8		LEFT FO								/-
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	ned Insit	Examiner		b										
-	physician end s the burial-transit	xa	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		Dua to (or a	as e consequança o	of):					į		
260	siciar buri		Causa, Entar Undarlying Causa (Disaasa or injury that initiated evants	c										
88	g physes the	Medical	rasulting in death) Last		Due to (or e	es e consequance o	of):					i		
ă	E C -			d										
Box	deeth cer e attendir ed for use	Physician/										i 1		
o	0 0 0	ysi	Part II. Other significant conditions	contributing to death be	ut not rasult	ing in the underlyin	g causa giv	an in Part I.	23b. Di	d tobacc	o use con	tribute to	the cau	usa of death?
P.0	res that the de igned by the a i be detached i								10	Yes	2□ No	3 Prob	ably	4 Unknow
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State of Maryland / Department of Health and Mental Hygiene 97

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	Physic /Medi		Julia S	ju	ja yLi	10					Month	Day	Yaar	3	.20 A1
	Exami		4a. Facility Nama (If not Instit							4b. City, Town, or	Location of Death	4c. Cour	nty of Death		
			Manor Care N	ursi	ng Home					Silver S	orino	Mont	gomer	37	
	Funeral		5. Social Security Number			Aga (In yrs	. last birthday)		ar 1 Yaa	r If Undar 24 Hrs	8. Data of Birt	h			tata or Foreign
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	how		10a. Stata 10b. Col	unty		10c. C	ity, Town or Lo	ocation					1	Od. Insk	da City Limits
	Ma -	Ş	Maryland How	ard			Colum	bia						1 🗆	Yas 2 No
	1 2 2 E	i e	10e. Street and Number	_		-		10f. Z	ip Coda			10g. Citizan o	f What Cour	ntry?	
	h wi	a C	6044 Stevens	For	est Road				21	045		U.S.A			
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0	aftar or fte	F	1 Navar Marriad 2	Married	Armed Force						to Hican, etc.)	В	lack, Whita,	atc.	
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pu	be file d oth	Be	17. Fathar's Nama (First, Mid	dia, Last)					18. Mothar's Na	ma (First, Middla,	Maiden Sume	ama)		
Maryland	should be filed withing Mental Hygiene. marked other then imatic event, tre M	To	John Antiporo	vtch						Alexand	lria Sch	nut			
a	2 should and Men is marke	-	19a. Informant's Name/Relet	ionship (Type, Print)		19b. Mailir	ng Addra	ss (Stree	et and Number or Ri	ural Route Numbe	or, City or Tow	n, Stata, Zip	Code)	
	ges 1 and 2 should be filed within 72 hc it of Health and Mental Hygiene. If Item 27 is marked other than "natur or other traumatic event, tra Medical		Dolores Seamai	1 (D	aughter)		6044	Stevi	ens	Forest Ro	ad Colum	nhia M	larv1a	nd 2	1045
Baltimore,	permit. Pages 1 and Department of Health Important: If Item 27 any fnjury or other trong.		20e. Method of Disposition				Place of Dispo	sition (N	ame of		Data	20c. Location	- City or To	own, Sta	1043
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=	Demit. Pages Department of mportant: If it any fujury or once.		21. Signatura of Funaral San			UK	25	Nama a	and Addr	y July ;	,1997	Perth	Amboy	, N.	J.
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	Physician /Medical		In the Court of the I		^			1.					1	Onset	and Death
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	be recuted clan and burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate			Dua to (odas a consec	uance of):						
60	a ling		Sequantially list conditions, if any, leading to immediate causa. Enter Undarlying Ceusa (Disaase or Injury	7	C	HI	VEN	11	A_{-}						
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9	attend attend for us	Physician					,, , , , , ,				-				
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Division	or Attending after death. Director: After in by the fune	Certification:	3 ☐ Suicida 6 ☐ Co	uld not b	20a. Place of	Injury - At h	oma, farm, str	eet, facto	ry, office)	28f. Location (5	treet and Nun	nber or Rura	/ Routa	Number,
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	spita nours neral		29a. Certifiar 1 Certi	fvina Ph	valcian: To the be	st of my kn	owledge, deeth	occurre	t at the t	ime, dete end plece	end due to the d	ause(s) and r	nenner as s	tated	_
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	To the Hospital or Attending i within 24 hours after death. To the Funeral Director: After completely filled in by the funer	Me	29b. Signatura and titla of cer	tifiar	MILES DOM	^		29	c. Lican	sa number		29d. Data sign	ed (Month,	Day, Ye	ar)
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	10		30. Nama and addrass of pers	on who	completed causa o	daath (Ite	m 23a) (Type,	Pnnt)	FU	VAL	· SHAH	MA	M	0	
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State of Maryland / Department of Health and Mental Hygiene

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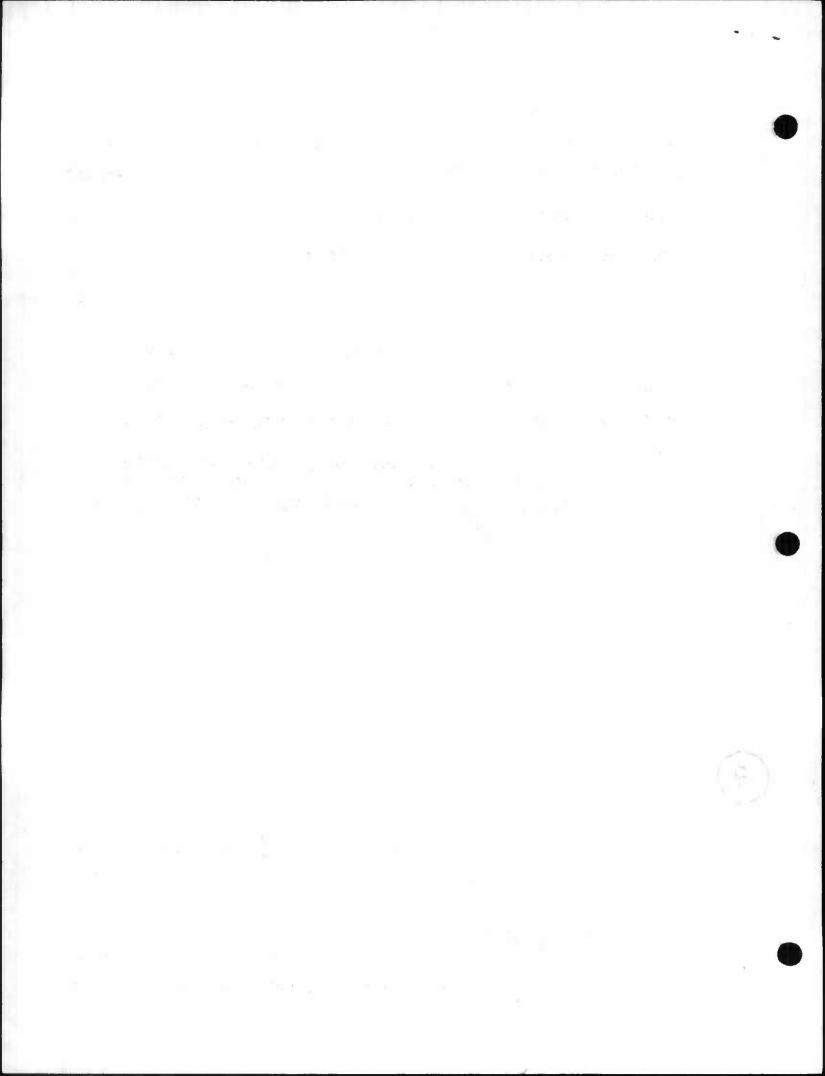
SUPIK Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** Month MARK STEPHEN SUPIK JUNE 30,1997 8:32 P /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** GOOD SAMARATAN ER BALTIMORE If Under 1 Year 8. Date of Birth (Month, Dey, Year) June 30,1961 If Under 24 Hrs. Hours Min. Birthplace (State or Foreign Country) 5. Social Security Number 7. Age (In yrs. last birthday) **Funeral** Months Days 10 M 2 □ F 36 215-86-5579 Vrs Director Maryland Usual Residence of Decedent the Merylend 10e State 10b. Count 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f shor traumatic event, the Medical Examiner must be not that Marvland Baltimore Carnev 1 ☐ Yes 2 X No Director 10e. Street and Number 10f. Zip Code 10g. Citizen ot Whet Country? 2820 Northwind Road 21234 U.S.A. Funeral 12. Was Decedent Ever in U,S Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yes or No-it Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Biack, White, etc. 72 hours efter 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 ☑ No It Yes, Give Yeer or Dates: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: White ρ Specify: 3 ☐ Widowed 4 ☐ Divorcad Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use ratired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7 Department of Health and Mentel Hygiene. Important: If Itam 27 is marked other than "n any Injury or other traumatic avant Elementery/Secondary (0-12) College (1-4or 5+) Carpenter Self Employed 12 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Andrew Supik Regina E. Grebe 19a. intorment's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mary B. Boyer - Wife 2820 Northwind Road Baltimore, MD 20b. Piace of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Parkwood Cemetery July 5,1997 Baltimore, MD 21. Signature of Funeral Servica Licansee Paul L. Hartsock, Jr. 22. Name and Address of Facility Baltimore, MD 21214 Leonard J. Ruck, Inc. 5305 Harford Rd. 23e. Peri 1. Enter the disease, or complications that caused shock, or heart tailure. List only one ceuse on each e death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset and Death **Physician** and Neck Injuries /Medicai Immediate Cause (Finel disease or condition resulting in death) Examiner Examiner thet the deeth certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Last and Due to (or as a consequence of) physician a s the buriel-I Box 68760. Physician/Medical Due to (or as a consequence of) P.0. Part II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 2 3 Probably 4 Unknown 1 Yes 2 No signed I Records, þ Be Completed 24a. Was an autopsy performed? 24b. Were autopsy tindings eveilable prior to completion of cause of death? 1 Yes 2 □ No 1 Yes 2 No Vital 25. Was case referred to medical 26. Place of Death (Check only one) the Hospital or Attanding Physic thin 24 hours efter deeth. The Funeral Director: After this or impletely filled in by the funeral dim Hospital: 1 ☐ Inpatient 2 ☒ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1X Yes 2 No Division of 27. Manner of Deeth 28d. Describe how injury occurred Orner - auto 28a. Date of Injury (Month, Dey Year) 28b. Time of 28c. injury at Work? Certification: 1 Naturai Injury 5 Pending fixed 1 Yes 2 No 2 Accident
3 Suicide investigation 6-30-97 19-41 object collision 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Piaca of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 8013 Oakley 29a. Certifier 1 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner es steted. Medical 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner stafed. To the within 2
To the comple 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)

State Registrar 31. Date filed (Month, Day, Year) JUL 0 3 1997

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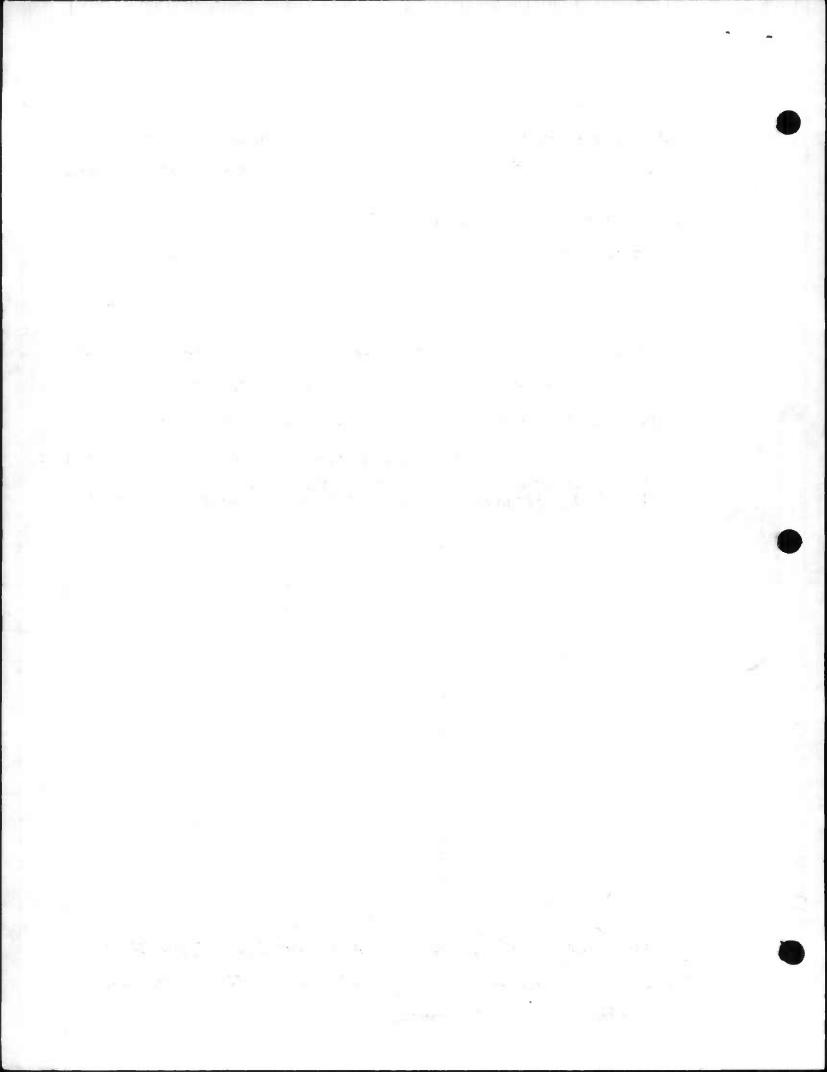
fowler 111 Penn Street, Baltimore, Maryland 21201 32. Registrer's Signature

30. Name and address of person who completed cause of death (item 23e) (Type, Print)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

	STATE OF		Decedant's Nama (First, Mid	Idia, Last)		Cer	tificate of	Death	2. Data of D	Reg. No.	21	3. Time of D	JJ
	Physic		Naomi Wils						Month TUNG	Day	Year	7:00	-
	/Medi Exami		4e. Facility Nama (If not institut		n <i>bar)</i>			4b. City, Town, or			v of Daeth	7.00	
1			Union Memoria	l Hospital				Baltimor	e City		/A		
3	Funeral Director		5. Social Security Number 216–20–6856	6. Sax 1 □ M 2 1 F	7. Aga (In yrs 73	lest birthday) Yrs.	if Undar 1 Yaar Months Days			rth ay Year) 30, 1924	9. Birthp Cour Mar	olace (State or F otry) Yland	oraign
	land ow		Usual Rasidanca of Decedent 10a. Stata 10b. Coun	ty	10c. C	ity, Town or Loc	cation				1	0d. inside City	Limits
	Mary	to	Maryland N/A		Ba	ltimore	City					1 1 Yas 2	
	or 284	ired	10e. Street and Numbar				10f. Zlp Code			10g. Citizan of	zan of What Country?		
	23a	le l	5516 Mayview A	venue			21206						
020	be filed within 72 hours after death with the Maryland stal thygiene. Id other than "natural", or items 23a or 28a-f show avent, the Medical Examiner must be notified at	by Funeral Director	11. Maritel Status 1 ☐ Never Married 2 ☐ Ma 3 🖾 Widowed 4 ☐ Divorce	W Von Cin	rcas? 2⊠ No ′a	if	Vas Decedant of I Yes, specify Cub ☐ Yas 2점 No	Hispanic Origin? (en, Maxican, Pue Spacify:	Specify Yas or N rto Rican, atc.)	o- 14. Ra Bis Specii	ce - Amaric ck, Whita,	etc.	
2-0	72 ho natur	ted	15. Decade	ant's Education last grada complated)		16a. Deced	ent's Usuai Occup	pation during most of we		16b. Kind of B	usinass/Inc	dustry	
Maryland 21215-0020	d within jiene. r than "r	Completed	Elamantary/Secondary (0-12)		-4or 5+)	Bookk	O NOT usa retire	during most or wo	orking	Paintin	g Con	pany	
b	othe vent,	Be C	17. Fathar's Name (First, Middle	a, Last)			-	18. Mother's Na	ıma (First, Middle	, Maidan Sumai	ne)		
yla	2 should be filed withing and Mental Hygiene. Is marked other than aumatic avent, the M	To	Walter I.	Wilson				Ethel	G.	Taylor			
Ja			19a. informent'a Neme/Ralation					and Number or F					
a ·	1 and Health em 27 i		Pamela A. Rund	/Daughter	CO.			Avenue,					
Baltimore,	permit. Pages 1 and Department of Health Important: If Item 27 any injury or other tr once.		20e. Mathod of Disposition 1 ☐ Buriel 2X Crametion 4 ☐ Donation 5 ☐ Other (State		sition (Nama of etory or other pla e Cremat		Data 7/1/97	20c. Location Beltsvi	6.0		nd
Balt	permit. Pages 'Department of Finportant: If Ite any injury or of once.		21. Signeturi di Funaral Sarvice	e Licensaa				ess of Fecility ITer, In r Road,				-	
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	Physician /Medical Examiner		Immediata Causa (Final disaase or condition rasulting in deeth)									Approximete interval Batwer Onset end Dec	eth
,00790	pe executed span and bytal-transit	cal Examiner	Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Cause (Disaasa or injury that initiated avents	b				nonary tony Fail	lure			Week	S
DOX DO		Physician/Medic	resulting in daeth) Last	d	Dua to (c	or as a consequ	ence of):				 		
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7	that deta	by Ph							1 💆	Y88 2□ No	3 ☐ Prot	pably 4 □ Un	know
VIII Hecords,	in requin is been s 2 should	Completed							24e. Was	an autopsy ormed?	ave	ere autopsy find pilabia prior to applation of caus death?	
H	cate ha	S							10	Yes 20 No	10]Yas 2□ No)
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5	or Attending after death. Director: Afte I in by the fund	Certification:	3 ☐ Suicida 6 ☐ Could	mined 288. Place	of injury - At hi g, atc. <i>(Spacit</i>	ome, farm, strac y)	at, factory, office	Yas 2 □ No	28f. Location (City or To	Straat and Numl wn, Stata)	per or Rure	l Routa Number	7
No. of Particular	To the Hospital or within 24 hours afte To the Funeral Discompletely filled in	edical C	29a. Cartifiar (Check only one) 1 Certifyi 2 Medicai	ng Physician: To tha base end menna	sis of axamina	wledge, deeth o	occurrad at the tin estigation, in my o	na, data and place pinion, deeth occ	e, and dua to tha urred at tha time,	cause(s) and mo	annar es st	eted. tha cause(s)	
	To the Hos within 24 h To the Fun completely	Me	29b. Signature and title of certific	W STOTION	29c. Licans	a number		29d. Data signe	d (Month, I	Day, Year)			
	75.5/		Jones	111	men	MA	ATS	438946	C/2-	JUMPS.	30 19	57	
	(0		30. Name and address of person	wild commeted causa	of deeth (Item	n 23a) (Type, P	rint)	170/10		0000	, , ,	, ,	
	Ψ		Leonard Kassis	Union Mem	anal Ho	1/2/2	0/ E. Uhin	esity PKn	y Baltir	iore, MI	212	18	
	Sta Registr		Name and address of person Leonard Kassis 31. Data filed (Month, Day, Year JUL 0 3 1997	Chim Mem	of deeth (Item	n 23a) (Type, P	rint) 0/ E. UhiV	esity PKm	y Balton	ion	e, mb	Mb 212	Data signed (Month, Day, Year) (ME 30, 1997 R, Mb 21218



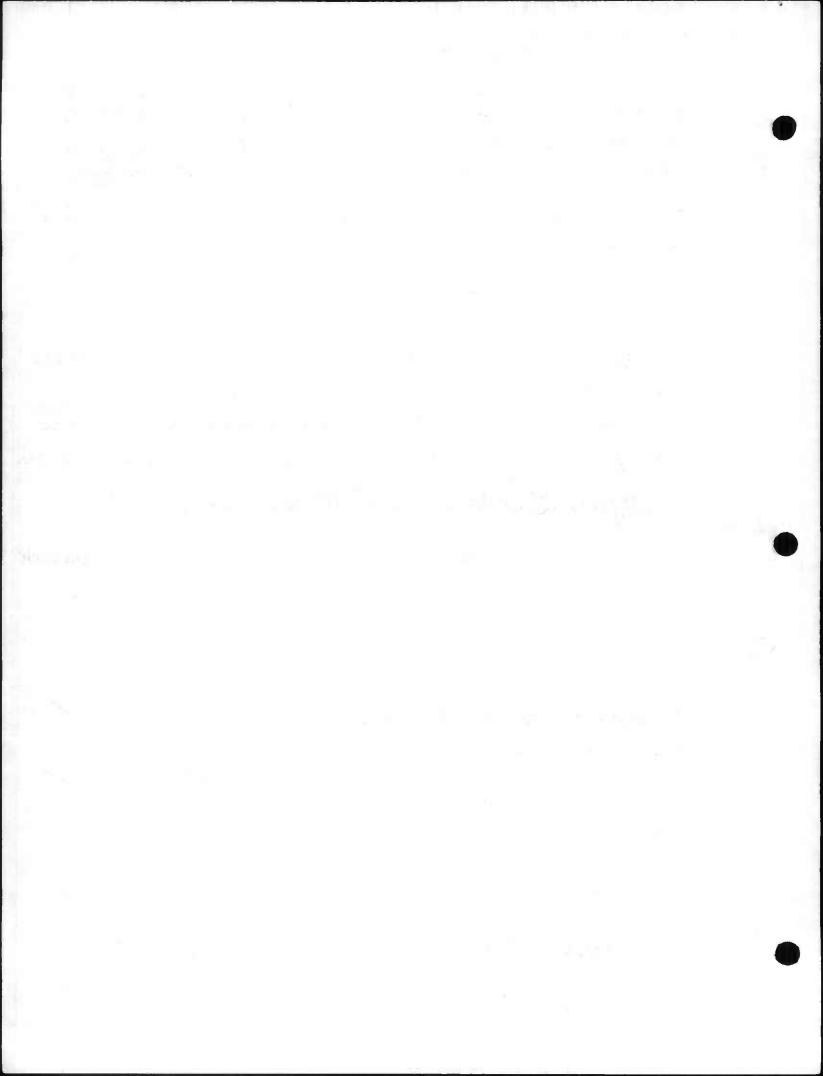
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** 2017 onna JULY 01 1997 06:00 AM /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) 4c. County of Death Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 8. Date of Birth Feb. 5, 1943 5. Social Sacurity Number 7. Age (In yrs. last birthday) 9. Birthplaca (Stata or Foreign **Funeral** Months 218-40-8373 1 □ M 2 🕽 F 54 Maryland Yrs. Director Usual Rasidence of Decedent the Marylend 10e. State 10b. County 10d. Inside City Limits 10c. City, Town or Location 7 is marked other than "naturel", or items 23a or 28a-f show treumatic event, the Modical Examiner must be notified at Pennsylvania York Airville 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 19 Wensel Road 17302 USA death Funeral 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - Amarican Indian, permit. Peges 1 and 2 should be filed within 72 hours after teppartment of Health and Mentel Hygiene. Important: If Item 27 is marked other than "naturel", or iter eny injury or other treumatic event, the Medical Exerci-Black, White, etc. 1 ☐ Yes 2010 If Yes, Give Yaar or Dates: 1 Nevar Married 2 N Married Baltimore, Maryland 21215-0020 1 ☐ Yes ŽQNo Specify: White Š Specify: 3 ☐ Widowad 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Bookkeeper Auto Dealership 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) 2 James E. Lutman Ida Summers 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 28540 19e. informant's Name/Reletionship (Type, Print) Stacey Grant 110 Deerfield Road, Jacksonville, North Carolina 20a. Method of Disposition 20b. Placa of Disposition (Nama of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Dulaney Valley Memorial 7/3/1997 Cockeysville, Maryland 21. Signature of Juneral Service Licanses 22. Name and Address of Facility Burgee-Henss Funeral Home 21211 3631 Falls Road, Baltimore, Maryland Part. Ento the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or raspiratory arrast, shock, or than failure. List only one cause on each line. Approximate Onset and Death **Physician** /Medical Sepsis Immediate Cause (Final oneweek disaasa or condition resulting in death) Examiner Due to (or as e consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury thet initieted events resulting in daath) Last Due to (or as a consequence of): an/Medical Due to (or as e consequenca of): Physici Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23h. Did tobacco use contribute to the cause of death? Records, P.O. signed by t Disseminated Intravascular Loagulation 3 Probably 4 Unknown 1 Yes 2 No à 24b. Were autopsy findings available prior to completion of cause of death? Hypercoaguable State Completed 24e. Was an autopsy performed? 1 ☐ Yes 2 ☐ No certificete Division of Vital 25. Was case referred to medical examiner? Be 26. Piace of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA this 28a. Date of Injury (Month, Day Year) 27. Menner of Death 28h. Time of 28c. Injury at Work? 28d. Describe how Injury occurred After To the Hospital or Attending within 24 hours after death. To the Funeral Director; After 1 Natural 5 Pending investigation 1 Tyes 2 No 2 Accidant Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide completely filled in 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and menner as steted. 29a. Certifier Medical (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, end due to the cause(s) and manner steted. 29b. Signature and title of comfier 29c. Licansa number 29d. Date signed (Month, Day, Year) Medicine Resident RES-000

Blankson MD. 110 Tower Buiking. 600 North Wolfe street. Baltimore MD 21287

State Registrar 31. Date filed (Month, Day, Year)

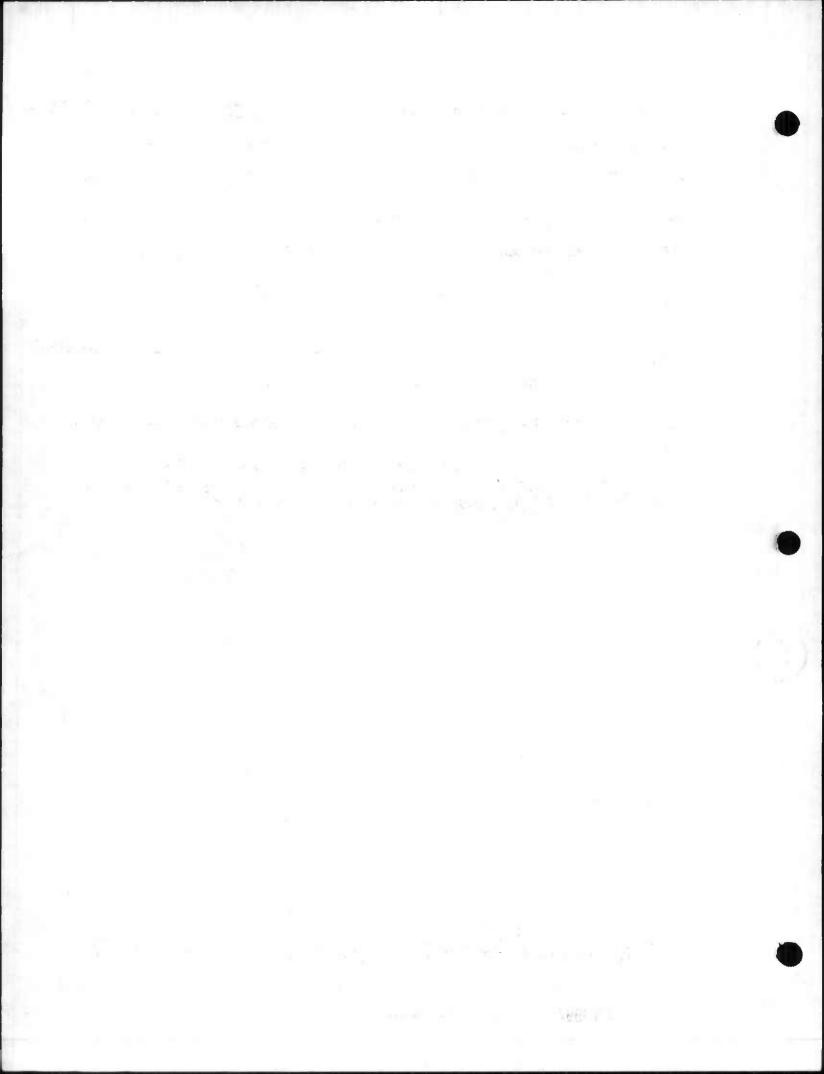
JUL 0 3 1997



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3 Time of Deeth **Physician** 3:35 Am 1997 /Medical JUNE 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** N/A Keswick Nursing Home Baltimore If Under 24 Hrs. Hours Min. 5. Sociel Security Number If Under 1 Yeer 7. Age (In yrs. iest birthday) **Funeral** 8. Dete of Birth (Month, Dev. Year) Birthplece (Stete or Foreign Country) Months Deys XXXX 2 F Yrs **Director** 19, 1921 Baltimore, MD 213-16-6760 Usual Residence of Decedent 10e. Stete 10c. City, Town or Location 28a-f show 10d. Inside City Limits traumatic event, the Madical Examiner must be notified at Director Md N/A----Baltimore XXYes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 6 2648 Huntingdon Avenue 21211 234 U.S.A. Funeral items 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Bieck, White, etc. 11. Marital Status permit. Pages 1 end 2 should be filed within 72 hours effer of Department of Health end Mental Hygiene.
Important: If item 27 is marked other than "naturel", or item any injury or other traumatic event, the Medical Examines ARGS. No WWII 1 Never Merried 2 Married 3altimore, Maryland 21215-0020 1 ☐ Yes YNO Specify: Specify: White by 3 Widowed 4 □ Divorced lf Yes, Give Yeer or Dates: Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Eiementery/Secondery (0-12) Coilege (1-4or 5+) State of Maryland Auto Mechanic 10th 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Unknown Unknown 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 3014 Cresmont Avenue Baltimore, MD Janice Richardson (Daughter) 20b. Pieca of Disposition (Neme of cemetery, cremetory or other pieca) 20e. Method of Disposition 20c. Locetion - City or Town, State takkriei 2 Cremetion 3 Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) 6/30 Meadowridge Memorial Dorsey, MD 21. Signature of Funeral Service Licansus 22. Neme end Address of Fecility Burgee-Henss Funeral Home 3631 Falls Rd. senui Baltimore, MAryland 21211 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause of each line. Approximete Intervel Between Onset end Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Due to (or es e consequence of): Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or and e consequenca of): Physician/Medical Due to (or es e consequence of): signed by the e Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown of Vital Records, by Completed 24b. Were autopsy findings aveilable prior to completion of cause of death? 24e. Wes en autopsy performed? page 2 2 No 1 Yes 1 ☐ Yes 2 ☐ No Hospital or Attending Physician: director. 25. Wes case referred to medical exeminer? Be 26. Place of Death (Check only one) Hospitai: 1 Depatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 2 ER/Outpetient 3 DOA this funeral 27. Manner of Death 28e. Dete of Injury (Month, Dey Yeer) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred After Division 1 Naturei 5 Pending Investigation s after death. 1 Tyes 2 No 2 Accident filled in by the 6 Could not be determined 3 ☐ Sulcide 28e. Pleca of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 24 hours e edicai 29a. Certifier 1 🗹 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) and menner as steted. To the Hosp within 24 hou To the Fune completely fi (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) end menner stated. 29b. Signature end title of certifier 29c. License number 29d. Dete signed (Month, Dev. Year) 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) 700 W. 40 T ST BaLTO, MD Wilson Keswick Home 31. Dete filed (Month, Dey, Year) 32 Registrer's Signeture State JUL 0 3 1997 Registrar

DHMH 16 Rev 6/95



97-0944-510 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item: 23 Part I a Per Phy Film G-754 12/18/97RC Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Dev **Physician** Month Baby Girl Stew
4a. Fecility Neme (If not institution, give street end number) 20 Stewart 2 unknown /Medical 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** Baltimore City
If Under 24 Hrs.
House Min.
House Min.
2-20-97 North Bond Street If Under 1 Year 7. Age (In yrs. last birthday) 5. Sociel Security Number Birthplece (State or Foreign Country) **Funeral** ONE 1□M 20 F Yrs. Director United States Usual Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Show "natural", or items 23a or 28a-f sho 1 Yes 2 No Director Baltimore, MD Maryland 10e. Street end Number 10f. Zip Code 10a, Citizen of Whet Country? Completed by Funeral 1123 N. Bond Street 21213 13. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. Black 12. Wes Decedent Ever in U,S. Armed Forces? 1 Never Merried 2 Married Yes 2 No f Yes, Give Year or Dates: Black Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: 3 Widowed 4 Divorced Specify nd 2 should be filed within 72 hourally and Mental Hygiene.
27 is marked other than "natural in treumatic event, the Medical E. 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) INFAN 17. Fether's Neme (First, Middle, Last) . Pages 1 and 2 should be file ment of Health and Mental Hy lant: if Item 27 is marked oth jury or other treumatic event Be James Smith Danita Stewart 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 1123 N. Bond Street, Baltimore, Md 21213 20a. Method of Disposition

| Burial 2 A Cremation 3 | Removel from State 4 | Donetion 5 | Other (Specify) |

21. Signeture of Funeral Service Licansee | 228. Name and Address of Facility | 2497 Better 1 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 | 250 20c. Location - City or Town, Stete permit. Page Department of Important: If eny injury or once. Crematory 3/4/97 Beltsvi Rd-Baltimere, md. Approximete Intervel Betw **Physician ASPHYXIA** /Medical Immediate Cause (Final . No anatomic or toxicologic cause of Death disease or condition resulting in deeth) **Examiner** Due to (or es e consequence of): Examiner sician and bunal-transit The law requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Couse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): physician s the burial P.O. Box 68760, Physician/Medical Due to (or es e consequence of) 88 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown been signed to should be deta Records. by 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? page 2 certificate 1XYes 2 No 1 Yes 2 □ No of Vital Hospital or Attending Physician: director 25. Was case referred to medicel Be 26. Piece of Deeth (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 6 MOther (Specify) Home 1XYes 2 No Certification: To this funeral 28e. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? Division After To the Hospital or Attending within 24 hours efter death.

To the Funerel Director: After completely filled in by the fun 1 Netural 5 Pending 1 Yes 2 No Investigetion 2 Accident untrown unknows unknown 6 Could not be determined 3 Suicide 28e. Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 1133 North Bend 4 Homicide | Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner es steted.

| Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner es steted.

| Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred et the time, dete end place, and due to the ceuse(s) end menner steted. Medical 29a, Certifier (Check only one)

State Registrar

JUL 0 3 1997

29b. Signature and title of certifier

Strohtn S.
31. Dete filed (Month, Day, Year)

Radentz, MD, III Penn Street, Baltimore, Maryland 21201
32. Registrar's Signature

30. Neme and address of person who completed cause of deeth (Item 23e) (Type, Print)

29c. License number

O. C. M. E.

29d. Dete signed (Month, Dey, Year)

April 29, 1997

Phys /Me Exar

Funer Directi

permit. Pages 1 and 2 should be filed within 72 hours after death with the Manyland Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Items 23s or 28s-f show any injury or other traumatic avent, its Medical Examiner must be notified at

Physician /Medica Examine

To the Hospital or Attending Physician: The law requires that the dear certilestate executed within 24 hours after death.

To the Funeral Director: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 2 should be detached for use as the burial-transit

Division of Vital Records, P.O.

State of Maryland / Department of Health and Mental Hygiene

20157 Certificate of Death

		Cei				Reg. No.		
1. Decedent's Neme (First, Middle, Last) CHARLES	W.	TA	YLOR,	Si	2. Dete of De Month JUNE	Dey	Yeer 1997	3. Time of Deet 7:50P1
4e. Fecility Name (If not institution, giva s	street end number)			4b. City, Town, or	Location of Deet	th 4c. Count	y of Deeth	
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5. Social Security Number 6. Sex		yrs. lest birthday)	If Under 1 Yeer					
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Maryland Baltimor	e	Lochear	'n					1 ☐ Yes 2 🕽
10e. Street end Number		ccncar	10f. Zip Code			10g. Citizen of	Whet Coun	ntry?
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3627 Lochearn Driv		11.5	21207			U.S.A		
	2. Was Decedent Ever I Armed Forcas?	n U,S. 13. W	Ves Decedent of F Yes, specify Cubi	lispenic Orlgin? (S an, Maxican, Puei	Specify Yes or No to Rican, atc.)	0- 14. Re	ce - Amaric	
1 Never Merried 2 Married	1 ☐ Yes 2 🖔 No If Yes, Give				11. 11.			
3 Widowed 4 □ Divorcad	Yaer or Dates:	'	LI Tas ZILINO	Specify.		Specil	y: Whit	e
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12 Years	-0-	Rad	io Annou			WLG Ra		
17. Fether's Neme (First, Middle, Last)				18. Mother's Ne	ma (First, Middle	, Meiden Sumer	ma)	
Harry W. Taylor, S:	r.			Betti	na Ehlis	S		
19e. Informent's Name/Reletionship (Typ	pe, Print)	19b. Mailine	g Address (Street				Steta 7in	Code)
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Mr. Will Taylor, J		5902 b. Plece of Dispos	Dale Cou	rt Syke				
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23a. Part1. Enter the disease, or complic shock, or heart failure. List only one	cations that caused the decause on each lina.	eeth. Do not ente	r tha mode of dyir	ng, such as cardia	c or respiretory e	errast,		Approximata Interval Between
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1. Decadant's Nama (First, Middla, Last)

State of Maryland / Department of Health and Mental Hygiene Certificate of Death

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3. Tima of Death

2. Data of Death Month

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Physician	ı
/Medical	ļ
Examiner	ı
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Funeral Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Health end Mental Hyglene. Important: If Item 27 is marked other than "natural", or items 23a or 28a-f show any injury or other traumatic event, if a Medical Examiner must be notified at once.

Baltimore, Maryland 21215-0020

Physician /Medical **Examiner**

To the Hospital or Attending Physician: The law requires that the death within 24 hours affer death.

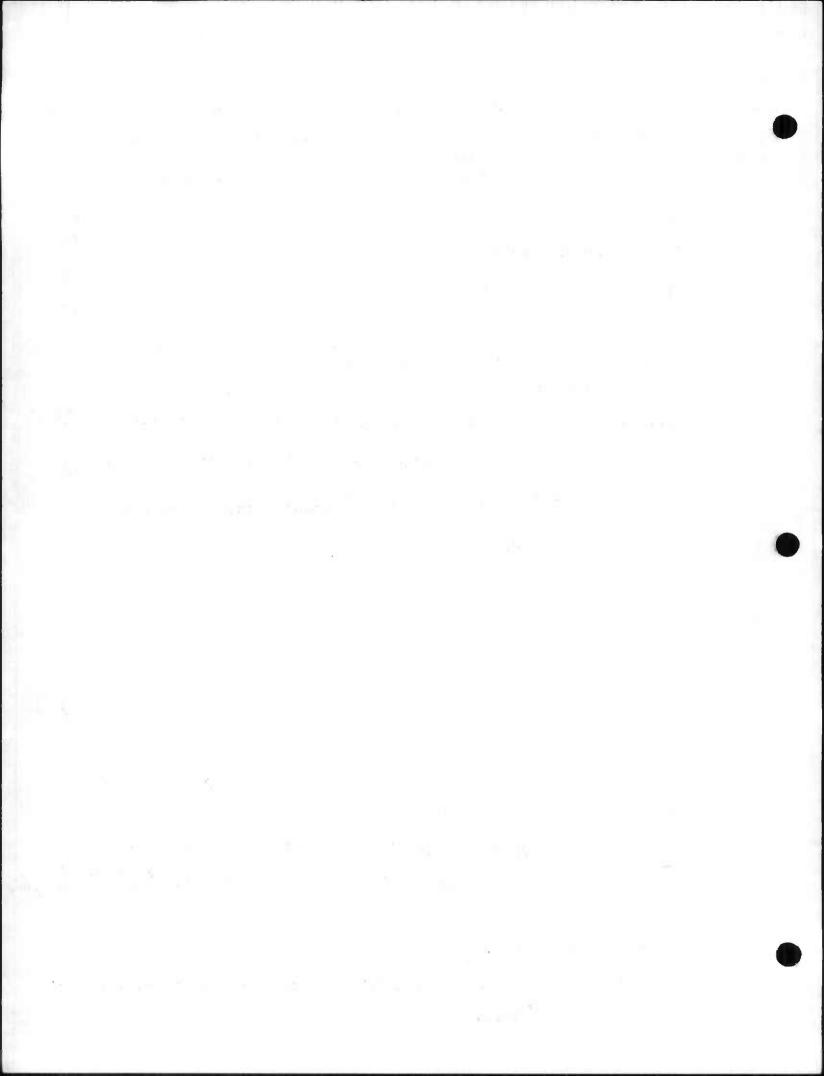
Within 24 hours affer death.

To the Funeral Director: After this certificate has been signed by the effection of the physician of the physician

Division of Vital Records, P.O. Box 6876

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	29b. Signature and	title of certifie	or 2				290	. Licens	e number			29d. D	ate signed	d (Month, i	Day, Yas	ar)
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 20159 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Month Year GEORGE SAMUEL THALER JUNE 29 1997 5:00 A.M. /Medical 4e. Facility Name (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 1731 AMUSKAI ROAD RIDGELEIGH BALTIMORE 5. Social Security Number If Undar 1 Yaar If Under 24 Hrs. Hours Min. 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day, Yeer) Birthplace (State or Foreign Country) **Funeral** Days 120 M 2□ F Yrs. Director 215-03-7477 5/6/20 MARYLAND Usual Rasidenca of Decedent the Maryland 10a State 10b County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23s or 28s-f show Director 1 ☐ Yes 2 XNo MARYLAND BALTIMORE RIDGELEIGH 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1731 AMUSKAI ROAD 21234 death Funerai USA 11. Marital Status 12. Was Decedent Evar in U.S. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexicen, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, White, etc. Armed Forces?

1 Yas 2 No
If Yes, Give filed within 72 hours effer 1 Naver Married 3 Married 21215-0020 1 Yes 2X No Specify: Completed by Specify: Yaar or Detes: WWII 3 Widowed 4 Divorced WHITE the Medical Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grada completed) Pages 1 and 2 should be filed withir ment of Health and Mental Hygiene. snt: If item 27 is marked other than ury or other traumatic event, if a Ma Elementery/Secondary (0-12) College (1-4or 5+) DELIVERY BALTO. SUNPAPER 8TH GRADE 17. Fether's Name (First, Middle, Last) altimore, Maryland 18. Mother's Name (First, Middle, Maiden Sumame) Be GEORGE THALER ANNA MILLER 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) MARY ANN THALER WIFE 1731 AMUSKAI ROAD BALTIMORE, MD 21234 20b. Place of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, Stata 20a. Method of Disposition Date 1 Burial 2 Cremetion 3 Removal from State Department important: Many injury or 4 ☐ Donation 5 ☐ Other (Specify) DULANEY VALLEY MEM. GAR. 7/1/97 COCKEYSVILLE, MD 21. Signatura of Funeral Sarvice Licansee 22. Name and Address of Facility JOHNSON FUNERAL HOME 8521 LOCH RAVEN BLVD. mestera 23a. Part1. Enter the disease, or complications that caused the feath. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or haart failure. List only one ceuse on each line. Intervai Between Onset and Death **Physician** /Medical Immediete Ceuse (Finel Emply SPAA disease or condition resulting in death) **Examiner** to (or es a consequence of): Examiner Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or es e consequence of): Physician/Medical Due to (or as a consequence of): 0.0 Part II. Other eignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 6 Yee 2 No 3 Probably 4 Unknown The law requires that Druentia Records, ð 24b. Ware autopsy findings available prior to director, page 2 should Completed 24a. Was an autopsy completion of cause of death? 1 ☐ Yas 2 No 1 ☐ Yes 2 No Viital certificate Physician: 25. Wes cese referred to medical examiner? Be 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 nesidence 6 Other (Specify) Hospitai: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 2 1 Yes 2 No of this 27. Manner of Deeth 28a. Dete of Injury (Month, Dey Year) 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Certification: After Division or Attending 5 Pending investigation 1. Natural 1 ☐ Yes 2 ☐ No within 24 hours after death. To the Funeral Director: A 2 Accident 3 ☐ Sulcide 6 Could not be determined 28e. Placa of Injury - At home, farm, streat, factory, office building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide Hospital 29a. Certifier Certifying Phyelclan: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(s) end menner es steted.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and piece, and due to the cause(s) and manner stated. Medical completely (Check only the 29b. Signature and title of cartifier 29c. License number 29d. Dete signed (Month, Day, Year) eted cause of death (Item 23e) (Type, Print) 580 Belgin Md 21206 State

State of Maryland / Department of Health and Mental Hygiene 97

						Ce	rtificate of	Death		R	eg. No.		
П	Dharais		Decedent's Name (First, Middle, Last	st)						2. Dete of Deel	th Dey	Yeer	3. Time of Death
	Physic /Medi		Harry G	eorge Ulr	ich					June	30	1997	12:42 pm
	Exami		4e. Fecility Neme (If not institution, give	street end number)				4b. City, To	wn, or Lo	ocation of Deeth	4c. Count	y of Deeth	
			The Good Samari		1				ltimo			/A	
	Funerai Director		5. Sociel Security Number 6. S 214-01-2015 Usual Residence of Decedent	ex 7. Age ((In yrs. lest b	Yrs.	If Under 1 Yeer Months Deys		24 Hrs. Min.	8. Dete of Birth (Month, Dey, April 2	Year)	Coun	ece (Stete or Foreign try) yland
	show		10a. Stete 10b. County	1	IOc. City, To	wn or Lo	ocation					1	0d. Inside City Limits
	the Man 28a-f sh notified	Director	Maryland N/A		Bal	timo	10f. Zip Coda				0g. Citizen of	What Cour	1 N Yes 2 No
	a 23a or	eral DI	3830 Bayonne Av	Venue		10	2120	6 - 34			Unite	d Sta	tes
21215-0020	be filed within 72 hours effer death with the Maryland Nal Hygiene. Id other than "natural", or items 23a or 28a-f show event, the Medical Exactine naint be notified at	by Funeral	11. Maritel Status 1 □ Never Merried 2 💢 Married 3 □ Widowed 4 □ Divorced	Armed Forces? 1 XYes 2 No If Yas, Give Yeer or Detes:	311111111111111111111111111111111111111		Wes Decedent of If Yes, specify Cub 1 ☐ Yas 2 🕱 No			Rican, etc.)		ce - Americ ck, White,	
5-0	72 hc	eted	15. Dacedent's Ed (Specify only highest gre	ucation de complatad)	16	e. Dece	dent's Usual Occu	petion during mos	t of work	ina	16b. Kind of B	usiness/Ind	dustry
121	within ene.	Completed	Elamentery/Secondary (0-12)	Collega (1-4or 5+)			kind of work done DO NOT use retire	,			Pota	il Gr	ocory.
	filed with Hygiene. Ither ther	ပိ	17. Fether's Nema (First, Middle, Last)			- 141	ieat cutt		ar's Neme	(First, Middle, M			ocery
Maryland	2 should be filed end Mental Hygi is marked other raumatic event, t	To Be		Jlrich					Edna		Tracy	710)	
ary	s 1 end 2 should f Health end Mer Item 27 is marks other traumatic	-	19a. Informent's Name/Reletionship (7	"ype, Print)	19	b. Meili	ing Address (Stree	t end Numb	er or Run		. City or Town	. Stete, Zip	Code)
Σ	5 # 7 E		Mrs. Virginia E.	Ulrich / W			0 Bayonn				-		1206 - 3405
ore	of He of He		20a. Method of Disposition		20b. Plece	of Dispo	osition (Neme of metory or other ple	-	T		20c. Location		
Baltimore	ag t: I		1 X Burlet 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify				Redeemer Ce	,	7	/5/97	Balti	more.	Maryland
alt	permit. Par Department Important: any Injury		21. Signeture of Funeral Service Licen	see Mark T. Z	avoyn		2. Neme end Addr	ess of Fecili	tv				3
œ	Dep imp		Marke T.	Zergle-			Leonard		-		more !	dary]:	and 21214
	Physician		23e. Pert1. Enter the diseese, or compositions and shock, or heart failure. List only to	flications that caused thone ceusa on each line.			tar the mode of dy	ing, such es	cardiec	or raspiretory erre	est,		Approximete Intarval Between
1	/Medical Examiner		Immediate Ceuse (Finel diseese or condition	9	VEO	VT	Quence of):	CAN		(-(3A	ills	1 (a	10 and
	LAUIIIIICI	-	resulting in deeth)	Du	ue to (or es	conse	quence of):			2.4		1	()
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	ertificate be executed lin physician and leas the puriel-transit	Xar	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury	Du	e to (or es e	consec		,			,		2811
68760,	Siciar Fun	dical	Cause. Enter Underlying Ceuse (Diseese or injury thet initieted evants	c		6/		14	A.	March	1 (1:5	CASK	20 919
89	ilicet in September	7	rasulting In deeth) Lest	Du	e to (or es e	conseq	quence of):						
XO	ndin Use	N/U		d				11					
Bo	death o	Physician	Pert II. Other significent conditions co	entributing to death but r	not resulting	In the u	Inderlying cause gi	ivan in Part I		23b. Did to	bacco use co	ntributa to	the cause of death?
P.0	thet the de ed by the e deteched	hys			_		/			1 □ Y			pably 4 Unknown
Ś	es the igned be de	by F	147	PENTE	(2)	(0	<i>V</i>						
Vital Record	requir been s should	ompleted								24a. Was a perform		COL	are autopsy findings bileble prior to mplation of cause daath?
R	0 - 0	E O								1 □ Ye	s 2 No	10	Yas 2□ No
Ita	iclan: The	BeC	25. Wes casa refarred to medical exeminer?					26. Place	of Deeth	(Check only on	a)		
of V	5 00	70 T	1 ☐ Yes 2 ☑ No	Hospitel: 1 Inpatient	2 - FFVC	utpetier	nt 3 DOA Ot	her: 4 Nu	irsing Ho	me 5 Reside	ince 8 🗆 Oti	ner (Specify	v)
			27. Manner of Deeth 1 ☑ Naturel 5 ☐ Panding	28a. Date of Injury (Month, Dey Y		Time of	f 28c. Inju	iry et ork?		28d. Describe ho	w Injury occu	rred	
Sio		catl	2 ☐ Accident invastigation					Yes 2	No				
Division		ertification:	3 ☐ Suicide 6 ☐ Could not be datarmined	28e. Place of Injury building, etc. (- At home, (Specify)	arm, str	reet, fectory, office			28f. Location (St. City or Town		ber or Rura	l Route Number,
	To the Hospital or within 24 hours effe To the Funeral Dir completely filled in	O	29a. Cartifiar 1M Cartifying Phy	relation T- th- 1	no be no to t				4-1				
	24 hc Fun etely	edical	(Check only one)	rsician: To the best of m iner: On the basis of ax end menner steted	camination a	nd/or in	n occurred et the ti vastigation, in my	ima, data an opinion, daa	th occurr	and due to the ce ed at tha time, da	ate and plece,	annar as st and dua to	ated. tha causa(s)
	To the Hospital within 24 hours e To the Funeral I completely filled	Ž.	29b. Signature apolitile of certifier				29c. Licen	se number		2	9d. Date signe	d (Month, i	Dey, Yeer)
	->-0		1 4 5	1 222. 4	may.	7	07	2511	Ce 4		TUL	17	1997
	No		30. Nama apd address of person who o	ompleted causa of daar	th (Itam 23a)	(Type.	Print)	/ -	-		,	(1 11/1
	Dy.		LEN L	ENNLS	mi)	-	5601	60	CH	www	1 BL	N)	BALT.
Г	Sta	ite	31. Date filed (Month, Day, Year)	July James	Signature	22	1		*			,	re J.



State of Maryland / Department of Health and Mental Hygiene 97

			•	Cer	tificate of	Death		Reg. No.		.0101	
Phy	sician	1. Decedent's Neme (First, Middle, Last)					2. Dete of Dee	eeth 3. Ti		3. Time of Death	
Physician /Medical		William Ebbert Wingerd					July 2,			12:10 pm	
Exa	miner	4e. Fecility Neme (If not institution, give 1524 Aldeney Avenu			-	n, or Location of Death River	4c. County of Deeth Baltimore				
Funera Directo		5. Social Security Number 6. Se 212–34–0383	x 7. Age (In yrs. I	last birthdey) Yrs.	If Under 1 Year Months Deys		Min. 8. Dete of Birth (Month, De) June 18	(, Year)	Country)	e (Stete or Foreign Vlvania	
ylend		10e. Stete 10b. County	10c. City	y, Town or Loc	ation				10d.	Inside City Limits	
e Ma	ļ	Maryland Baltimore Middle River 10e. Street end Number 10g. Citizen of Whet C								1 ☐ Yes 2√ No	
5-0020 72 hours effer deeth with the Maryland natural, or items 23s or 28s-1 show	al Dire	106. Street and Number 1524 Aldeney Avenue 21220						10g. Citizen of Whet Country? U.S.A.			
er deet	Funeral	11. Marital Status	12. Wes Decedent Ever in U, Armed Forces?	S. 13. W	as Decedent of H Yes, specify Cube	llspenic Origin en, Mexican, F	n? (Specity Yes or No- Puerto Ricen, etc.)	14. Rece - Americen Indien, Bieck, White, etc.			
21215-0020 d within 72 hours efter giene. In them "natural", or in the green of the	by F	3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☑ No If Yes, Give A Yeer or Detes:	1 ☐ Yes 2 No Specify:				Specif	city: White		
15-0 n 72 h natur	Completed	15. Decedent's Edu (Specify only highest gred	licetion 16e. De (G. (G. (G. (G. (G. (G. (G. (G. (G. (G.		cedent's Usuel Occupetion ive kind of work done during most of working a. DO NOT use retired)			16b. Kind of Business/Industry			
2121 within iene.	dwo	Elementery/Secondary (0-12)	College (1-4or 5+)		uipment Specialist			Baltimo	more Co. Schools		
d 2 filed they other	O			1 1			Neme (First, Middle,			DOMOOTE	
arylan should be and Mental	To Be	Ebbert Abram Winge	rd			Hele	en Edith N	eff			
Z 42		19e. Informent's Neme/Reletionship (7) Madesta Ann Winger					or Rural Route Numbe Baltimore			de)	
Baltimore, M bernit. Pagas 1 and 2 Department of Health mportant: If itam 27 I		20e. Method of Disposition 1 Weurial 2 Cremetion 3 F 4 Donetion 5 Other (Specify)	Removel from State	emetery, cremi	ition (Neme of etory or other plea Mem. Par		Dete	20c. Location			
Baltimo permit. Pagas Department of Important: If it	once.	21. Signature of Funerel Service Licensee 22. Name end Address of Fecility Bruzdzinski Funeral Home P.A. 1407 Old Eastern Avenue Essex, Md. 21221 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Between Onset and Death									
Physicia /Medic Examin	al er	Intervel Between Onset end Deeth Intervel Between Onset end Deeth Deeth Deet									
n and iai-transit	Examiner	Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that intlieted events resulting in death) Lest Due to (or es e consequence of): Due to (or es e consequence of):									
Box 6876 equal eath certificete be equal attending physician and for use as the burial-transit	edical										
h cert	M/ve	d									
IS, P.O. BOX es that the death cer igned by the attendin be deteched for use	Physician	Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Hyperfenours heart dusease 23b. Did tobecco use contribute to the couse of 1 yes 2 No 3 Probably 4 U 24e. Wes en autopsy performed? 24b. Were autopsy in available prior to									
Cord requir been s should	eted	Diabetes	- mellit	24e. Wes e	24e. Wes en eutopsy performed? 24b. Were eutopsy findin evelleble prior to completion of ceuse of death?						
The law rate has page 2	E						1 U Y	es 2MNo	nite-co	es 2 No	
r Vital ysician: The ysician: The ysician: The ysicians of the	Be	25. Wes case referred to medical exeminer?				26. Plece of	Deeth (Check only or	16)			
Of V hysic this ce	15	1 Yes 2 No	lospitel: 1 Inpatient 2 E	ER/Outpetient	3□ DOA Oth	4 Nursi	ng Home 5 2 Resid	ence 6 Oth	er (Specify)		
VISION Of VITA Attending Physician: or death. ector: After this certific. by the funeral director,	tion:	27. Menner of Deeth 1 25Neturel 5 ☐ Pending 2 ☐ Accident investigation	28e. Dete of Injury (Month, Dey Yeer)	28b. Time of Injury	28c. Injun Work	yet k? Yes 2 □ No	28d. Describe h	ow Injury occur	red		
- k-1c	E	3 Suicide 6 Could not be 4 Homlcide determined	28e. Plece of Injury - At hor building, etc. (Specify)	me, farm, stree			28f. Location (S City or Town	treet end Numb n, Stete)	per or Rurel Ro	oute Number,	
To the Hospital or within 24 hours af To the Funeral Di completaly filled is	edical C	29a. Certifier (Check only one) (Check only one) (Check only one) (Check only one) (Check only one)									
To the To the Comp	M	29b. Signeture end fittle of certifier 29c. License number 29d. Dete signed (Month, Day, Yeer) July 3, 1997									
10)	30. Name and address of person who completed cause of death (Item 23a) (Type, Print) NACHUM PEEFER M. D 6918 Ridge Rd Baltimore mo									
	State istrar	31. Dete (iled (Month, Dey, Year) 32. Registrer's Signeture									
DUMUL 46 Days	emr.	10F 0 2 1334	Jule Davidson	Hande)					,	

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 20 | 62

						Certifica	ate of	Death		Reg. No.				
F	Physician /Medical		Decedent's Name (First, Middle, Last)					2. Date of De	eath	Vaar	3. Tima of Death			
			SISTER M. FELICITAS WELLS, M.H.S.H								12:45 PM			
4	Exami	ner	THE VILLA IN							,		G		
-	Funeral		5. Social Security Number 6. S		(In yrs. last b		der 1 Year		8. Date of Bir (Month, Da	th Balt:	9. Birthol	County lace (State or Foreign		
L	Director		217-07-3030 19 Usual Residence of Decedant	□M 2XF	79	Yrs. Month	ns Days	Hours Min.	July 2	4, 1917	Mary.	land		
	yland		10a. Stata 10b. County		10c. City, To	wn or Location					10	Od. Inside City Limits		
	a Ma	ctor	Maryland Baltimor	e County	Towso	n						1 □ Yas 27 No		
21215-0020	中 6 2 8	Sire	10e. Street and Number			10f.	Zip Code			10g. Citizen of \	What Coun	try?		
	23a	8	1001 West Joppa Road 21204						Ţ	JSA				
	filed within 72 hours after death with the Maryland Hygiene. Traturel', or Items 23s or 28s-f show hrt, the Medical Examiner must be notified at	by Funeral Director	11. Marital Status 1 Nevar Married 2 Married 3 Widowed 4 Divorced	orced If Yes, Give 25 Year or Dates:		in U,S. 13. Was Decedent of Hispanic Origin If Yas, specify Cuban, Mexican, P 1 □ Yas 2 № No Specify:					Race - Amarican Indian, Black, White, etc. Poilly: White			
	n 72 hours "natural",	P	15. Decedent's Ed			ia. Decedent's Usual Occupation			16b. Kir		nd of Business/Industry			
	hin 7.	plet	(Specify only highast gra	da completed) College (1-4or 5+		(Give kind of life. DO NO?	work done Tuse retire	during most of word)	rking		C-23-71			
2	filed with Hygiene. ther than	Be Completed	2011011017			tholic Nun			Relig		gious Community			
larylan	be file d oth		17. Father'a Nama (First, Middle, Last)			16		18. Mothar's Name (First, Middle,		e, Maiden Sumame)				
	Mer A	0	J. Bernard We	ells				Alic	ce Haydon					
	2 sho		19a. Informant's Name/Relationship (1	Type, Print)	18	b. Mailing Addr	ess (Street	and Number or Ru	ural Route Numb	er, City or Town,	Stete, Zip	Code)		
_	Haaith Fra 27		Mission Helpers of 20a. Method of Disposition	Sacred He	art	L001 W.	Joppa	Road. I	owson.	Maryland	12120	24		
Baltimore,	permit. Pages 1 and Department of Haalth Important: If Item 27 any Injury or other trong.		1 ABuriai 2 ☐ Cramation 3 ☐	Ramoval from State	cemat	ery, crematory o	or othar pla	Ce)		20c. Location	City or To	wn; State		
章	permit. Pag Department Important: I any Injury o		4 □ Donation 5 □ Other (Specify	-	New C			etery	7/2/97	Baltimo	re, M	aryland		
Bal	Departing Imports any Injury		21. Signature of Funeral Sarvisa Union	Luson		362 1 -1	11 1	ss of Facility	**					
	20240		Mitchell-Wiedefeld Home 6500 York Road, Baltimore, Maryland 21212 23a. Parl. Enter the disaasa, or complications that caused the daath. Do not enter tha mode of dying, such as cardiac or respiratory afrest, Interval Between I											
я			23a. Part1. Enter the disaasa, or comp shock, or heart failure. List only	olications that caused to one cause on each line	he daath. Do	not enter tha m	ode of dyl	ng, such as cardia	or respiratory a	ifrest,	i i	Approximate Interval Between		
	Physician		Immediate Cause (Final disease or condition rasulting in death) a. Massive Ischemic Stroke Due to (or es a consequence of):											
	/Medical Examiner													
		-												
	ted nsit	Examiner		b										
-	ucate the inscuted g physician and as the burial-transit	Xar	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury c.											
260	physician s the buria													
9	ng phy	Medical	resulting in death) Last Dua to (or as a consequence of):											
*	a ip a	by Physician/M		d										
Bo	for the		Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.							23b. Did tobacco use contribute to the cause of death?				
Ö	by th			an are anadity an				1 ☐ Yes 2√2 No 3 ☐ Probably 4 ☐ Unknown						
Records, P.			Hyper terision							X				
	= 00									24a. Was an autopsy performed? 24b. Were autopsy findings available prior to				
00	2 s S	pie							Politi	J. 111001	con	npletion of cause leath?		
-	0 - 5	Be Completed							1 🗆	Yes 2 No	10	Yes 2 No		
			25. Was case referred to medical examiner?					26. Place of Des	ath (Check only	on <i>e</i>)				
of V	D 00 Z	To	1 ☐ Yas 2 ☒ No	Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 41 Nursing Home 5 Rasidence 8 Other (Specify)										
			27. Manner of Death 1 ☑Natural 5 ☐ Pending				28c. Injury at Work? M 1 Yes 2 No		28d. Describe how injury occurred					
		atic	2 ☐ Accident Invastigation											
Ž	or Attendated after deat Director:	Certification:	3 Sulcide 6 Could not be determined						281. Location (Street and Number or Rural Route Number, City or Town, Stete)					
	ital o													
	To the Hospital or A within 24 hours after Yo the Funeral Direct Completely filled in b	edical	29e. Certifier (Check only 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(s) and manner as steted. 21 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(e)									eted. the cause(e)		
	To the within 2 To the compla	Med	and manner stated.											
	F 3 F 8		29b. Signature and title of certifiar Patricia afandells				29c. License number			29d. Data signed (Month, Day, Year)				
•			021209							June 1, 1997				
	7		30. Neme end address of person who o	17800.378										
			Patricia A. Sav.	adel, M.D.	120 Signature	Sister .	Pierr	e Drive,	Towson,	Maryla	nd 21	204		
	Sta Registr		31. Data filed (Month, Day, Year)	gueron	Tricon-	andello								

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** MARY JUNE 28" 1997 WARREN 9:10 AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Saint Joseph Medical Center Towson Baltimore If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days Hours 1 M 2 F 58 0783 215 78 Yrs. October 15 Director MAYY Usuel Residence of Decedent the Meryland 10a State 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at Parkville Baltimore Directo Maryland 1 ☐ Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 21234 USA 2409 Kingsridge items 23a Funeral 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Peges 1 and 2 should be filed within 72 hours effer nent of Health and Mental Hygiene. Int. If Item 27 Is marked other than "natural", or ite Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify. þ 3 Widowed 4 □ Divorced Specify: White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Housewitz Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Holthause Edward Mary Neimeyer E. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) permit. Peges 1 and 2 s Department of Health ar Important: If Item 27 Is any Injury or other trau WATTEM Baltimore, Md Duane Kingsridge Ro 21234 20a. Method of Disposition 20b. Plece of Disposition (Name of to cemetery, crematory or other place) Date 20c. Locetion - City or Town, State 1 Buriel 2 ☐ Cremation 3 ☐ Removal from State JULY 4 ☐ Donation 5 ☐ Other (Specify) Moreland Memorial 21. Signature of Funeral Service Licensee 22. Name and Address of Facility chapel EYKHS 8800 n Km Hartord Baltimore, Md Rd 21234 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, shock, or heart failure. List only one cause on each line. **Physician** METASTATIC PANCREATIC CARCINOMA /Medical Immediate Cause (Final disease or condition resulting in death) **Examiner** Due to (or as a consequence of): Examiner Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Last Due to (or as a consequence of) physiclan Physician/Medical the Due to (or es e consequence of): Hospital or Attanding Physician: The lew requires that the death certificate 24 hours effer death.

24 hours effer death.

Pureral Director: After this certificets has been signed by the ettending phy eley filled in by the funaral director, paga 2 should be detached for use es the leby filled in by the funaral director, paga 2 should be detached for use es the Box 68 signed by the e Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown by 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy paga 2 s 1 ☐ Yes 2 XNo 1 ☐ Yes 2 XNo Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending 1 Natural 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours e 29a. Certifier 1🗹 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) and manner as stated. completely (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. within 2 To the 29b. Signeture and title of certifie 29c. License number 29d. Date signed (Month, Day, Year) ballos D 25886 8 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

State Registrar

31. Date filed (Month, Day, Year JUL 03 1997

LILIA CEBALLOS,

32. Registrar's Signature chia Davidson-Randelle

7620 YORK ROAD, TOWSON, MARYLAND

21204

M. D.,

13 .14 Jane

200

State of Maryland / Department of Health and Mental Hygiene

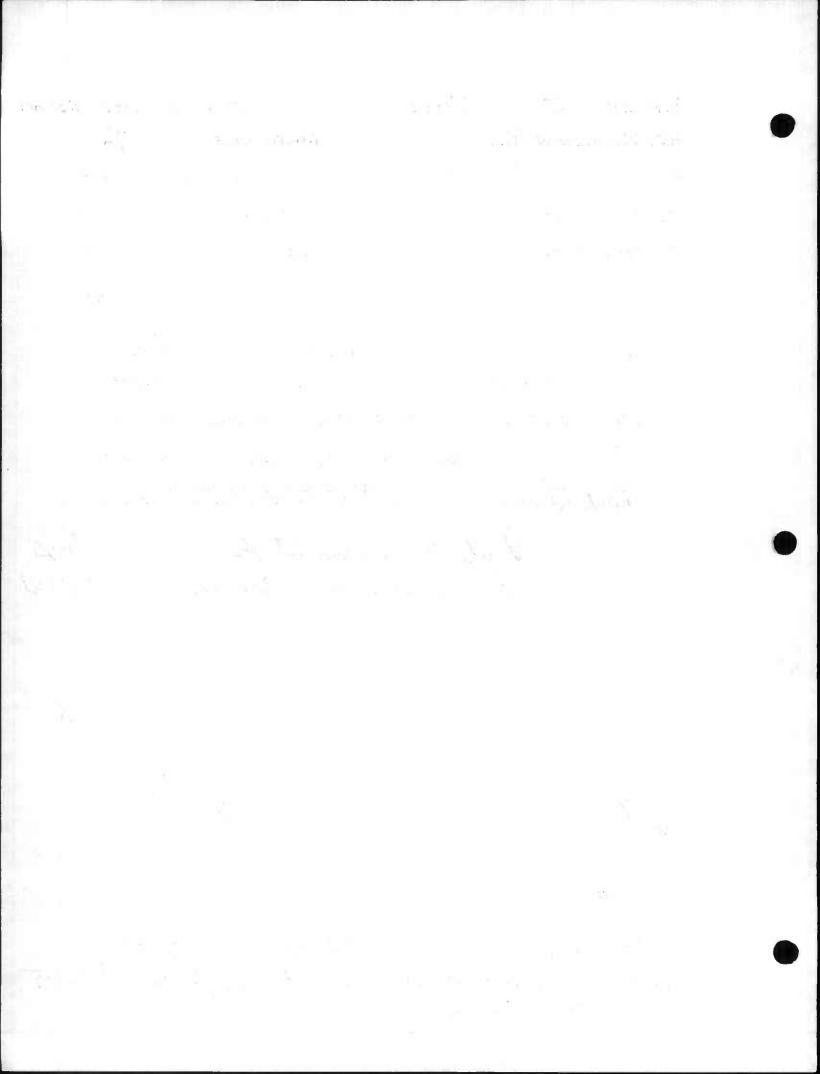
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						Cei	rtificate	of i	Death			Reg. No.		
		1. Decedent's Neme (Fit	rst, Middla, La	ist)							2. Deta of D	eath		3. Tima of Death
Phys		JAMES			WOLF						Month	Day 35	Yeer 1997	8 00 m
/Me Exan	dicai	4e. Fecility Name (If not	institution, giv	e street and numb				- 4	lb. City. Tow	n. or Lo	cation of Dee		unty of Death	Ofm
Exam	miei													
	7	5. Social Security Number	MARIS	MOSPICE 7	. Aga (In yrs. les	t hirthday)	If Under 1	Vaar	If Under 2	VSO I	9 Data at D	000	Itimore	
Funer	_	o. Coolar Coolarity Harrison	0. 0	120 M 2□ F	. Aga (III yis. 105	Yrs.		Days	Hours	Min.	8. Dete of Bi (Month, D	ey, Year)	9. Birthp	plece (Stata or Foreign ntry)
Directo	100	220-18-4254 Usuel Residence of Dec			- / 1						May 1	3,1926	Mar	yland
and			. County		10c. City, 7	Town or Lo	cation			-			1	0d. Inside City Limits
Maryland -f show	5													1 ☐ Yes 2 No
the N	Director	10e. Street end Number	ALTIM	ORE	YAR	KVILLE								
020 Our effer death with the Marylar art, or froms 23a or 28a-f show Examiner must be notified at							10f. Ztp Co					10g. Citizen	of Whet Cour	itry?
ath ath	Funeral	2905 Andor	a CT	APT D				234				USA	1	
or de	nue	11. Marital Stetus		12. Was Deceda Armad Force	ant Ever in U,S. es?	13. \	Was Deceden f Yes, specify	t of H Cube	ispantc Origin, Mexican,	n? (Spe Puerto f	city Yas or N Rican, atc.)	0- 14.	Race - Amaric Bleck, White,	
11215-0020 within 72 hours effer ene. then "natural, or its managed Examine	E	1 Never Married	•	1 Yas 2 If Yas, Give			☐ Yas 2		Specify:					510.
15-0020 n 72 hours of "natural", or	d by	3 Widowed 4	Divorced	Year or Deta	as: WWII		- 100 -		ороспу.			Spi	ecity:	HITE
5-1 72 h natu	Completed	15. (Specify or	Decedent's Ed	ducation ade completed)		16e. Decad	lent's Usuel C	ccupi	ation	of working	10	16b. Kind o	of Business/Inc	Justry
2121 d within giene.	ğ	Elementary/Secondary		College (1-4	or 5+)	life. L	OO NOT use	retired)	JI WOIKI	'9			
of filed withing the filed withing other than other than vent, tre M.	00	12		-		ELECT	RICIAN					US CC	AST G	AURD
tral Hy doth	Be	17. Fether's Nema (First,	Middle, Last))					18. Mother's	s Nema	(First, Middle	, Meldan Sur		
aryland 212 should be filed with nd Mental Hygiene. marked other than umatic event, treat	P	OTTO WOL	F						Maro	aret	lale.	sh		
Maryland d 2 should be file th and Mental Hy 7 is marked oth traumatic event	1.	19a. tnforment's Neme/F		Type, Print)		19b. Meilin	g Address (S	treet	and Number	or Rure	Route Numb	er, City or To	wn, Stete, Zip	Code)
ire, Maryland 21215-0 s 1 and 2 should be filed within 72 hc f Health and Mental Hygiene. Item 27 is marked other than "netur other traumatic event, the Medical		ELIZABETH	MOLE	/ WIFE)							. Md . :		
Baltimore, Noemit. Pages 1 and Depertment of Health moortant: If item 27 any injury or other tr		20a. Method of Disposition			20b. Plec	e of Dispo	sition (Neme	of			Date		on - City or To	wn, Stete
0 00		1 Burial 2 Cre 4 Donetion 5			916		netory or otha		•		ne 30			
Baltimopenting Page Dependent Inportant: If any injury or		21. Signetura of Funerel			TARY		o Cem				1997	TARKY	ILLE,	Md.
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_		23a. Part1. Enter the dis shock, or heart fails	lease, or computer. List only	plications that cau	the death. I	Do not enta	ar tha mode o	f dyln	g, such es ca	ardiac or	raspiratory	rrest,		Approximata Intervel Between
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/Medica	_	immediate Cause (Finel disease or condition		1.6	ING C	CAN	CER							
Examine	r	resulting in deeth)		ө	Due to (or e			_						
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in an iel-tr	Ĭ,	Sequentially list condition if eny, leeding to immedicause. Enter Undarlying	ate		Due to (01 65	a conseq	uence on.						- 1	
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death of ettenned for us	18													
- 0 9 %	Physician	Pert II. Other eignificant	conditione of	ontributing to deati	h but not resultin	ig in tha un	derlying caus	a giva	in in Pert I.		23b. Did	tobacco usa	contribute to	the cause of death?
d betag											1 🗆	Yes 2□N	o 3 Prot	bably 4 Unknown
00 00	by													
cord require been si	Completed											en eutopsy med?	24b. We	ere eutopsy findings ailabta prior to
2 8 8	ple												COF	mpletion of cause daeth?
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On Of ding Phy. After thi funeral	Certification:	1 Neturel 5	Pending	(Month,	Day Year)	injury		Injury Work			ou. Describe	now unjury oc	curied	
Vision Attending or death. ector: After	Cat	2 ☐ Accident 3 ☐ Sulcide 6 ☐	Investigation Could not be				М		fes 2□No					
Division of Attendation of In by the	E	4 Homicide	determined	289. Piece of	Injury - At home etc. (Specify)	, ferm, stre	et, fectory, of	fice		2	8f. Location (City or To		mber or Rura	l Route Number,
led led														
Div To the Hospital or A within 24 hours after To the Funeral Direct completely filled in b	edical	29a. Certifier 1900	rtifying Phy	yelclan: To the be ilner: On the basis	st of my knowted	dge, deeth	occurred et th	ne tim	e, dete end p	plece, er	nd due to the	cause(s) end	menner as st	ated.
the H the F the F		one)		end menner	steted.	OHO OH UTV	astigation, an	пту ор	mion, deen	occurre	a et trie time,	date end piet	se, and due to	tria cause(s)
Vithin To the	Σ	29b. Signature and title 6	certifier	ds 14	2		29c. Li	cens	number				ned (Month, L	
		1	11 000						1550	7		6. ;	26 9	7 .
0		30. Neme end eddress of	person who o	completed cause of	of death /ttem 22	a) (Tunn F	Print)							
1		DR. EDDIE			DULANEY				TTMONT	TIM	MD 21	002		
	ate	31. Dete filed (Month, De		32 Teori	strar's Signature				TTTON	LUII,	MD 21	073		
Regis	ate trar			dis.	Davidson	Randal	00.							
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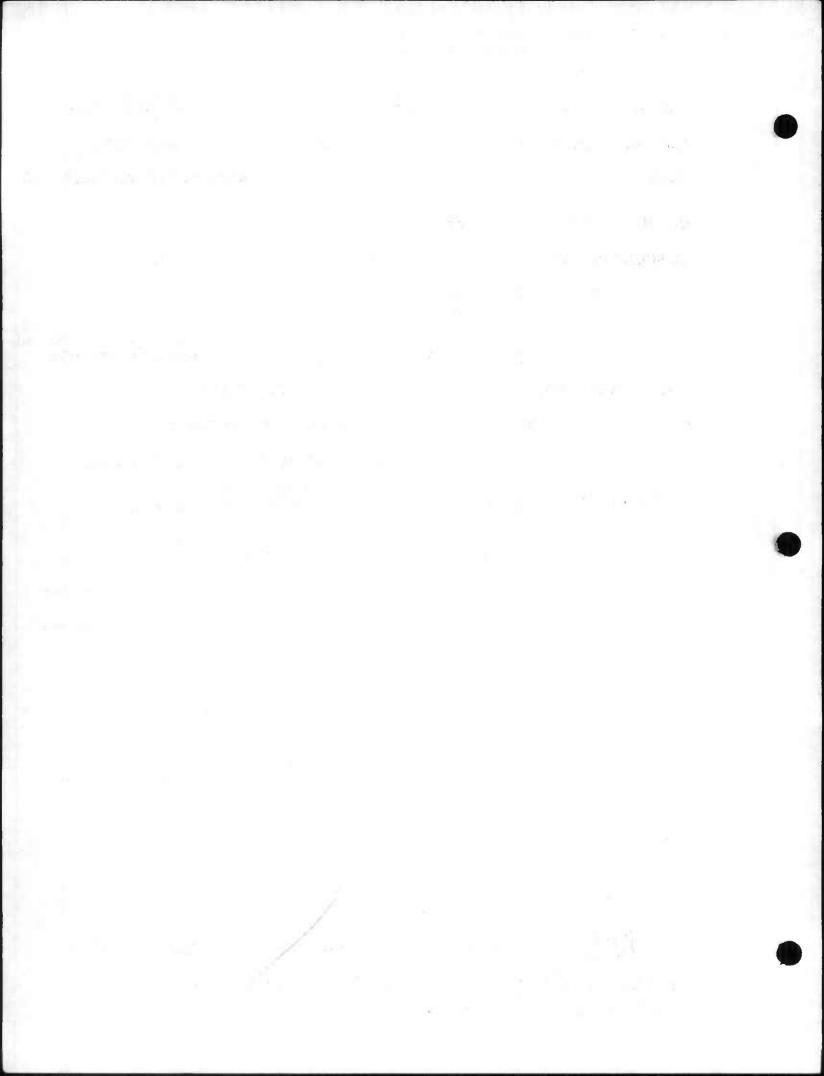
	re Julia					Cer	tificate of	Death			Reg. No.		-0100
П	Dhusis	1	Decedent's Neme (First, Middle, La	st)						2. Dete of De	eth	Vana	3. Time of Death
	Physic /Medi		EVELYN J		WOOD 3	3				July	Z	1997	4:30 AM
i.	Exami		4e. Fecility Neme (If not Institution, giv							ocation of Deeth	4c. County	of Deeth	
			451 WILMSLO	w Ko.						ORE		MA	
	Funeral		5. Sociel Security Number 6. S	Gex 7. Age	(In yrs. lest birt		If Under 1 Year Months Deys		24 Hrs. Min.	8. Dete of Birt (Month, De	h y, Year)	9. Birthpl Count	ece (Stete or Foreign
	Director		327 05 7881		81	Yrs.	770003			March :			inois
	pue *-		Usual Residence of Decedent 10e. Stete 10b. County		10c. City, Town	or Loc	ation					10	Od. Inside City Limits
	Mary	ŏ	Maryland n/a	1				Balti	mor	е			120 Ves 2 □ No
	the 289	Director	10e. Street end Number				10f. Zip Code				10g. Citizen of	What Count	
	3a or		4515 Wilmslow Rd.				10 2.19 0000	21210)		United		•
	72 hours after death with the Marylend natural; or Hems 23a or 28a-f show pical Examiner must be nutified at	Funeral	11. Maritel Status	12. Wes Decedent E	ever in U,S.	13. W	Vas Decedent of F Yes, specify Cub	Hispenic Orl	gin? (Sp	ecity Yes or No	- 14. Rac	ca - America	an Indien,
0	after or its		1 Never Married 2 Married	Armed Forces?	lo		_			Rican, etc.)		ck, White, e	
00	ral.	by	3 X Widowed 4 □ Divorcad	If Yes, Give Year or Detes:		1	☐ Yes 2 XNo	Specify:			Specif	y: WI	nite
21215-0020	hin 72 hours after death with the Marylen 9. In "natural", or flems 23a or 28af show Maoical Enarther mast be notified at	Completed	15. Decedent's Ed (Specify only highest gra		16e.	Decede	ent's Usuel Occup kind of work done IO NOT use retire	oation during mos	t of work	dina	16b. Kind of B	usiness/Ind	ustry
121		mpi	Elementery/Secondery (0-12)	College (1-4or 5	+)	life. D					Rea1		
	77 m h		12 17. Father's Neme (First, Middle, Last)	<u>L</u>			Land101		nda Ataw	a (First Adiable	Esta		
an	Mental Me	Be		Albright				E1s		e (First, Middle,	Berg	_	
Maryland	should b nd Menta marked	To	19e. Informent's Neme/Reletionship (19h	Molling	g Address (Street			ral Boudo Alumbu			Codo
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re,	s 1 end 2 if Health Item 27 I		20a. Method of Disposition	-	20b. Pleca of	Dispos	ition (Neme of			Dete	20c. Location		wn, Stete
Baltimore,	9 = 10		1 ☐ Burial 2 X Cremetion 3 ☐ 4 ☐ Donetlon 5 ☐ Other (Specification)				etory or other pleat t Cremat	•	7/3	/97	Balt:	imore	, MD
alti	permit. Pa Departmer Important: any Injury		21. Signalum on Juneral Service Liver	9-9	preen i	_	Neme end Addre			, 31			
m	Depariment Important		De Stall And Tal	2		07	CAFA Ste	ephen	D. :	Lohrmani	n P.A.	vo M	21286
			23e. Pert1. Enter the diseese, or com	plicetions thet caused	the deeth. Do n	ot ente	r the mode of dylr	ng, such es	cardiac	or respiretory er	rest,	re, M	Approximete
	Physician		shock, or heart feilure. List only	one ceuse on each lin	θ.	,			,				Intervel Between Onset and Deeth
7	/Medical		Immediate Ceuse (Finel disease or condition	West	- 6	t AAA	Men	N	tre	he.		1	3 days
	Examiner		resulting in death)	0.	Due to (or es e c	onsequ	Mence of):) /	1	(.			
-	D #	Iner	_	· Chris	nico 1	W	susta	u,	10	reluse			3 years
	attending physician end for use es the buriel-transit	Examiner	Sequentially list conditions, if any, leading to immediate	0.	Due to (or es e c	onsequ	ience of):	1	1				-
60,	cian buriel		Cause. Enter Underlying Ceuse (Disease or Injury	C									
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늦	ding se es	3	L	d								i	
Ĕ	that the de the ed by the attendin detached for use	Physician	Pa 4 11 (04)										
P.0.	t the de by the tached	hysi	Pert II. Other significant conditions of	ontributing to death bu	t not resulting in	the un	derlying cause giv	en in Pert I	•				the causs of death?
		by P								10	Yas 2□ No	3 Prob	ably Unknown
Records,	.= 40 T3									24e. Wes	en eutopsy		re autopsy findings
000		Completed								репо	rmed?	con	llable prior to apletion of cause leeth?
	0 - 0	E								101	res 20 No	10	Yes 2□ No
ita		Be C	25. Was case referred to medical					26. Place	ot Deet	h (Check only o	ne)		
of Vital	S so D	2	examiner? 1 □ Yes 3 No	Hospital: 1 Inpatier	nt 2 ER/Out	petient	3□ DOA Oth	ner: 4 🗆 Nu	ırsing Ho	ome 5 Resid	denca 6 □Oth	er (Specify)
	ding Ph h. After thi funeral		27. Manner of Deeth 1 Neturel 5 ☐ Pending	28e. Date of Injury (Month, Dey		ime of	28c. fnjur Wor	y et k?		28d. Describe I	ow injury occur	red	
Sio	Attending or death.	cati	2 Accident Investigation					Yes 2□	No				
Division	or Attendation of Director:	Certification:	3 ☐ Suicide 6 ☐ Could not be determined	28e. Place of Inju building, etc.		m, stre	et, factory, office			28f. Location (5 City or Tox		per or Rurel	Route Number,
	oltal urs a vral D		00 0 111										
	To the Hospital or Attending Ph within Ed hours after death. To the Funeral Director: After th completely filled in by the funeral	edicai	29a. Certifier (Check only one) Certifying Ph	ysicien: To the best of niner: On the basis of end menner stat	ene noitenimexe	death (occurred et the tirestigetion, in my o	ne, dete en pinion, dee	d pleca, th occur	end due to the ored et the time,	dete end pleca,	end due to	eted. the ceuse(s)
	omple	Me	29b. Signeture end title of certifier	A STATE STATE	-		29c. Licens	e number			29d. Date signe	d (Month, E	Dey, Yeer)
	->-0		De Carley 1	Chans			DAG	7-171			11010	14	
	11		30. Name and address of person who	completed cause of de	etb (Item 23e) (1	Type P	Print)			A	Mal	1	4-
	7		Stanly M. Rose	en Mes	2435	W	Bel	nedi	40	Aug 1	Sals.	Md.	,21215
	Sta	ite	31. Dete filed (Month, Day, Year)	30. Registra	r's Signeture	_ *	100		7 /	ine.	VIVI		
	Registr	ar	JUL 0 3 1997	Julie Day	ridson-Ran	dell	4						- 10.00



State of Maryland / Department of Health and Mental Hygiene

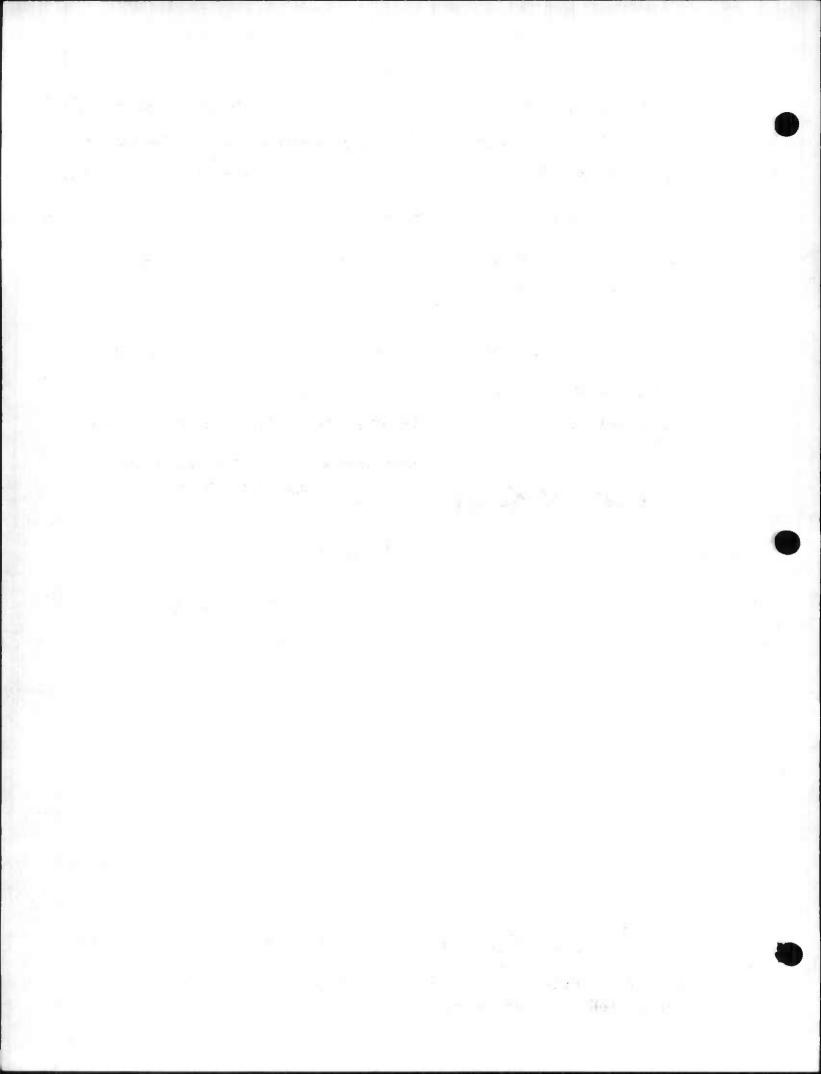
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Item:23	Ba p	part Ic per MD G-749 7/18/97 dh 1. Decedent's Neme (First, Middle, Last)	Cer	tificate of		2. Dete of Dee	Reg. No.	3. Tima of Deeth
Physic /Medi	cal	Kenneth ALBERT	Wartn	nan	SB.	Month	26 199°	7 15:10 P
Examin Funeral Director	ner	4a. Facility Name (If not institution, give street and number 1 Security Number 219–38–7921 6. Sex	,	If Undar 1 Yea Months Days			BALTIMORE b, Year) 9. I	
Manyland -1 show	tor	Usual Residence of Decedent 10e. Stete 10b. County MARYLAND HARFORD	10c. City, Town or Loc	cation			9 30 10 100	10d. Inside City Limits 1 ☐ Yas 2 ☑ No
th with the M 23a or 28a-f	al Director	10e. Street and Number 206 STILLMEADOW DRIVE	JUPPA	10f. Zip Code 21085			10g. Citizen of Whet	^
items items	by Funeral	11. Marital Status 12. Wes Deca	rces? If 2 No 2/23/62 1	Ves Decedent of Yes, specify Cu	Hispenic Orlgln? (Spoten, Mexican, Puerto Specify:	ecify Yas or No- Rican, etc.)	14. Race - A Bleck, W Specify:	marican Indian, hite, atc.
5 등 등 기	Completed	15. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) Collaga (1	16e. Deced (Give I life. D	OO NOT use retir	e during most of work		16b. Kind of Busina PLUMBERS & S	ss/Industry STEAMFITTERS
be filed tal Hygi d other event,	To Be Co	12 N/A 17. Fether's Neme (First, Middla, Last) ALBERT JOSEPH WARTMAN	PLUMBER	}	18. Mother's Name			5
CENL		19e. Informant's Name/Relationship (Type, Print) PAMILA J. WARTMAN (WIFE)	206 ST	ILLMEADOW	DRIVE JOPP	al Route Numbe	or, City or Town, State	e, Zip Code)
5 85 = 8		20a. Method of Disposition 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removal from 4 ☐ Donetion 5 ☐ Other (Specify)	METRO CREMAT	ORY, INC.	JUNE 28, 19	Date 97	BALTIMORE, N	
Baltin permit. Pe Departmet important any injury		21. Signature of Funeral Service Licensee	hoimaki E.	750 RELAT	N FUNERAL HO	VILLE MA	RYLAND 21087	7-1351 Approximata
Physician /Medical Examiner	er	23e. Pert1. Enter the diseasa, or complications that c shock, or heart failure. List only one cause on e Immediate Causa (Finel disease or condition resulting in deeth)	Klebsiella p	DNEUMO				Intervel Batwaen Onset end Death 7 days
Der Du, or physician and as the burisi-transit	Medical Examiner	Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Undertying Cause (Disease or Injury that initiated avants resulting in death) Lest	Due to (or es a consequence to (or es e consequence to	uence of): Lung	CANCER	non.	smallcell	
that the death of by the attendi	Physician/	Pert tl. Other significant conditions contributing to de	eath but not resulting in the un	derlying ceuse g	iven in Pert I.			ute to the cause of death?
	Completed by					24a. Wes a	an autopsy 24 med?	b. Were eutopsy findings available prior to completion of ceuse of deeth?
VITAI Hi delen: The I certificate hi rector, page	Be	25. Was casa raferred to madical examiner?			26. Place of Deetl	1 ☐ Y	200	1 □ Yas 25 No
n or ng Phya har this	Certification: To	27. Manner of Death 1 ☑ Neturel 5 ☐ Panding 2 ☐ Accident Invastigation 3 ☐ Sulcide 6 ☐ Could not be	npatient 2 ER/Outpatiant of Injury h, Day Year) 28b. Tima of Injury of Injury - At home, ferm, stra	28c. Inji W	ury at ork? Yes 2 No	28d. Describe h	ence 6 Other (S	pecify) Rurai Route Number.
DIVISIO To the Hospital or Attends within 24 hours after dealth To the Funeral Director: A completely filled in by the file	edical Certif	29a. Cartifiar (Check only 2 Medical Examiner: On the beautiful Medical Examiner	ng, etc. (Specify) best of my knowledge, daeth usis of examinetion end/or inv	occurred at that	ime, dete end plece.	City or Tow	m, Stete)	as steted.
To the To the To the Complet	Med	29b. Signature and the of certifier	ner stated.	29c. Licar	asa number		29d. Data sloned /Mo	onth Dev Year)
10,		30. Nama and eddress of person who complated caus W Boverfind MD	Tower 110	Print) John	ns Hopkin	ns Hos	pital	
Sta Registr		31. Data filed (Month, Day Year)	Daydson-Randell					



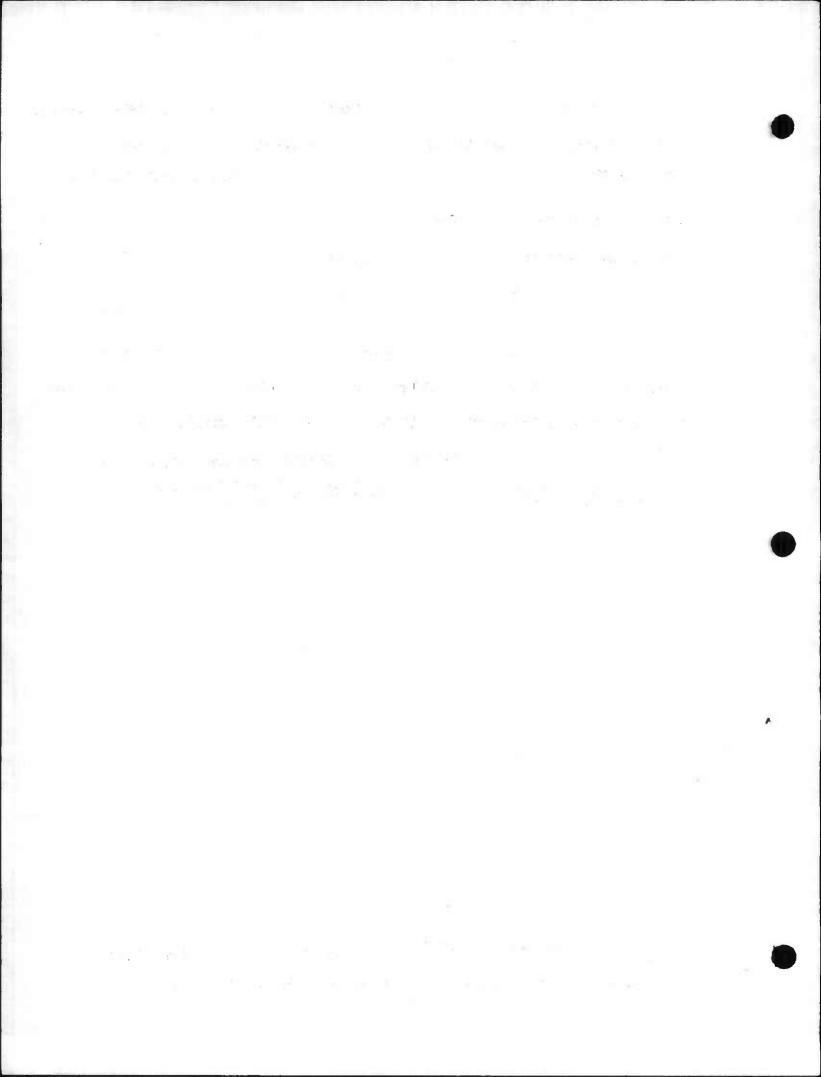
State of Maryland / Department of Health and Mental Hygiene 97 20167

Dharaistan					Cer	tificate o	t Death		Reg. No.		
		1. Decedant's Name (First, Middle, La	ist)					2. Dete d		V	3. Time of Deeth
Physician /Medical	_	Charles We	Woter					JUN	e 28 1	997	0615
Examiner		te. Facility Neme (If not institution, give	e straat and number,)	1		4b. City, Town	, or Location of D	Death 4c. Coun	ty of Deeth	
		Gilchirst Co	enter bloc	51 N.C.	worl	as ST	Balt	MORE	KA	TIMA	RF
Funeral				ga (In yrs. last	birthday)	If Under 1 Ya			f Birth	9. Birthple	ce (Steta or Fore
Director		216-12-9763 Usual Residence of Decedent	1 9 M 2□ F	75	Yrs.	Months Dey	ys Hours	Min. 4 -	5-22	MARY	y)
show of all		10e. Stata 10b. County		10c. City, To	own or Loc	cation				100	d. Inside City Lim
2 a o	2	MARYLAND BALTIN	10RE		TOWSO	N					1 Yas 2 1
or 28a-f s be notified	5	10e. Street end Numbar				10f. Zip Code	9		10g. Citizen o	f What Country	y?
38		12 TREEWAY COURT	APT. 1D			21286	5		US	7	
r items 23a inter must	20	11. Maritel Stetus	12. Wes Decedant	Evar in U,S.	13. V	Ves Dacedant o	f Hispenic Orlgin	? (Specify Yes o	r No- 14. Re	ece - Amaricar	
		1 Never Merried 2 Married	Armed Forces? 1 ☑ Yes 2 ☐ If Yes, Give			_	uben, Maxican, P	Puerto Rican, etc.) BI	eck, White, at	c.
D B		3 ☐ Widowad 4 ☐ Divorced	Yaar or Detes:	WWII	1	☐ Yes 2XN	lo Specify:		Spec	whi	te
"natural".	3	15. Decedent's E		10	6a. Deced	ent's Usuel Occ	cupation		16b. Kind of	Business/Indu	
	2	(Specify only highest gra Elamantary/Secondary (0-12)	ade completed) Collega (1-4or	5.1	(Give I life. D	kind of work dor O NOT use reti	ne during most of ired)	f working			
Hygiene ther than the than the than the than the than the than the than the than the the than the the the the the the the the the the	5	Liamaniary, Good Gary (G-12)	2 YEARS	34)	C	PA			ACCOU	NTING	
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	2	CHARLES B. WEBST	rer				Δητιν	ABBOTT			
7 is marke traumatic		19a. Informent's Neme/Reletionship (1	9b. Meilin	Address (Stre			umber, City or Tow	n, Stete. Zin C	ode)
tra		MINNIE WEBSTER		FE			COURT A		TOWSON,		286
9 5 5	1	Oe. Method of Disposition	***	20b. Plece	of Dispos	ition (Neme of		Dete		- City or Town	
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hysician end the buriel-transit		Sequantially list conditions, feny, leeding to Immediate cause. Enter Underlying	b	Dua to (or es	e consequ	nance of):					
CL on the	1	Cause (Diseese or Injury het Initieted events asuiting in daeth) Last	C	Due to (or es	a consequ	ence of):					
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igned by the attended for uited by Physician	F	ert tt. Other significant conditions of	ontributing to death b	ut not rasulting	In the un	derlying cause	given in Part I.	23b.	Did tobacco use c	ontributs to th	he cause of deaf
d by etac									I □ Yes 2 2 No	3 Probal	bly 4 🗆 Unkno
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page 2 should									Ves en eutopsy erformed?	evalla	autopsy findings abia prior to
2 st										of de	oletion of cause ath?
page 2								1	□Yas 2 No	101	es 25 No
certificate rector, pag		5. Wes case referred to medical					26. Place of	Death (Check or			
O E		exeminar? 1 ☐ Yes 2 🙀 No	Hospitel:	ent 2 FR/0	Dutpatient	3□ DOA	Whor:		Rasidenca 6 201	her (Specify)	Hospic
		7. Manner of Deeth	28e. Dete of Inju	ry 28b	. Time of	28c. Inj			ibe how injury occu		010-7
eral di	,	1 Neturel 5 ☐ Pending invastigation	(Month, De	y Year)	Injury		ork? ☐ Yes 2 ☐ No				
on. After this funeral of		Z L Modident	14010	urv - At home.	ferm, stre	et, factory, office	a	28f. Locatio	on (Street and Num	ber or Rural R	Route Number.
ctor: After this y the funeral of		3 ☐ Suicide 6 ☐ Could not be		c. (Specify)		,,			Town, Stete)		
Director: After this d in by the funeral dertification: T		3 Suicide 6 Could not be determined	building, etc	(
outs arear deeth. eral Director: Affer this filled in by the funeral of all Certification: T		4 Homicide determined	building, etc		as death	nourred at the	time data and a	lane and due to	(a) and a		
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itinin 24 hours after deeth. o the Funeral Director: After this ompletely filled in by the funeral of Medical Certification: T	2	4 Homicide determined 9e. Certifier 1 Certifying Physics Check only 2 Medicat Exert	building, etc	of my knowled	ge, daeth o end/or Inve	estigation, in my	tima, date end ply opinion, deeth o	leca, end due to occurred et the tir	me, dete and pieca	, and due to th	e cause(s)
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warning can not sell of the funded blunctor. After this completely filled in by the funeral Medical Certification: T	2	9e. Certifier (Check only one) 9b. Signature as writte of bentitor.	ysician: To the best of niner: On the basis of end manner ste	of my knowled exa <i>m</i> inetion ented.	end/or Inve	29c. Lice	r opinion, deeth o	occurred et the til	me, dete and pieca 29d. Data sign	, and due to the	ne cause(s) ny, Year)
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State of Maryland / Department of Health and Mental Hygiene

						Ce	ertificat	e of	Death		Reg. No.		
			1. Decedent's Nema (First, Middle, La	ist)						2. Date of D	eeth	1	3. Time of Death
ı	Physic /Medi		Anthony				ZOLE	NAS		June	29, 1	Yaer L997	1:00 PM
	Exami		4a. Fecility Neme (If not institution, give	a street and number)					4b. City, Town, o	r Location of Dee	. 1	y of Death	1.00 FM
	Exami		Franklin Square	Hospital (Cento	~			Roseda	1.0	Balti		
H	Funeral					1. ast birthday) If Unda	r 1 Yaar	If Undar 24 H				leca (Stata or Foreign
	Director		220-05-3632	1 X M 2□ F	85	Yrs.	Months	Days	Hours Mi				leca (Stata or Foreign etry)
ь	_		Usuai Residance of Decedent		05					Dec.	26 1911	Mary	Talio
	dano da		10a. State 10b. County		10c. City	, Town or L	ocation					1	0d. Inside City Limits
	Man 4	ō	Md. Baltimor	e	Tow	son							1 ☐ Yes 3 € No
	the the	9	10e. Street and Number				10f. Zip	Code			10g. Citizen of	What Cour	Onto
	With No.	ā											ntry r
	23 ath	rai	1102 Sleepy Dell	T				286				JSA	
	n 72 hours after death with the Maryland "natural", or items 23s or 28s-f show adical Examiner.must be notified at	Funeral Director	11. Marital Stetus	12. Was Decedent Armed Forces?		5. 13.	Was Dece	dent of cify Cub	Hispanic Origin? an, Mexican, Pu	(Specify Yes or Narto Rican, etc.)		ce - Amarica ck, White, e	
20	a afte		1 Nevar Married 2 Merried	1 Tyyes 2 □ 1 If Yes, Giva	No		1 🗆 Yes	2 🕢 No	Specify:		Specia	fv:	
8	iral.	d by	3 Widowed 4 Divorced	Yaar or Detes:				72			, ,	Whi	te
ν ν	f within 72 ho llene. r than "natul the Modical	Completed	15. Decedent's E (Specify only highest gr			16e. Dece	edent's Usu	el Occu	pation during most of w	rorkina	18b. Kind of E	Jusiness/Ind	dustry
21215-0020		du	Elementery/Secondary (0-12)	Collega (1-4or 5	5+)	life.	DO NOT u	se retire	nd)				
2		S		+6		Col	onel				U.S.	Army	
pu	0 - 0 >	Be	17. Father's Neme (First, Middle, Last)						eme (First, Middle	e, <i>Maid</i> en Sume		
<u>a</u>		To	Anthony	John		Zolen	as,Sr	•	Teofe:	lia		Sal	chunas
Maryland	SPEE		19e. Informant's Neme/Reletionship (Type, Print)		19b. Mell	ing Address	s (Stree	end Number or i	Rural Route Num	ber, City or Town	, Stere, Zip	Code)
	nd 2 iith ai		Miss Dorothy L. Z	olenas/ D	ľR	157	06 Dox	rset	Rd. #20	01 Laur	el.Md. 2	20707	
ē,	Health Hem 27 other tr		20e. Method of Disposition		20b. Pl	ece of Disp	osition (Ne	me of		Dete	20c. Location	- City or To	wn, Ststa
Baltimore,	Peges 1 end iment of Health tant: If item 27 jury or other tr		1 SBurial 2 ☐ Cramation 3 ☐			metery, cre	-	,					
	EFF		4 Donstion 5 Other (Special		ALT.			457-7		7-11-97	Arlingt	on, Va	ι.
B	Depa Impo any Ir		21. Signature of Funerel Service Licer	00		2	Ruck Ruck	TOV	ass of Facility VSOn Fund	eral Hom	e. Inc.		
	402 e d		- Kill				1050	YO	ck Rd. T	owson, M	d. 2120	4	
			23a. Part1. Enter tha disease, or com shock, or heart feilura. List only	plications that caused	the death	. Do not en	iter the mod	ia of dy					Approximate
	Physician		and the state of t	0110 00000 011 00011 111									Onset and Deeth
Ä	/Medical		Immediete Cause (Final		,							i	
	Examiner		disaesa or condition resulting In deeth)	e Intracer									
		ē			Due to (or	as a conse	quence of):						
	nsit	Examine		b. Hyperter								<u> </u>	
	icete be executed physician end s the burial-transit	Xa	Sequentially list conditions, if any, leeding to immediate		Due to (or	es e conse	quence of):					i	
68760,	be		Cause. Enter Underlying Cause (Disease or Injury	c									
8	phys the	edical	that initieted events resulting in death) Last	1	Due to (or	as a conse	quance of):					į	
×	deeth certificete be executed s attending physician end d for use as the burlal-transit	Me	· ·	d.								i	
ရှိ	deeth c	lan											
		Physician	Part ti. Other significant conditions of	ontributing to death be	ut not resul	Iting in the u	undarlying c	ausa gi	ven in Part I.	23b. Dic	tobacco use co	ontribute to	the cause of death?
5	at the d by the	F.	Alabadaana Daa	ti- Dwo	atata	Como	0.50			1□	Yes 2X No	3 Prob	bably 4 Unknow
	th se do		Alzheimers Deme	entia, Pro	state	Canc	er			-			
Hecords,	requires that	Campleted by									s an autopsy		ere autopsy findings sliable prior to
Ö	D 00	je l								. pen	ormed?	con	mpletion of cause death?
e L	The law the tast the page 2 s	Š											
	delan: The									1	Yes 2 ₩ No	1 1 L	Yes 2□ No
VITA	Physician: this certific rsl director,	B	25. Wes case referred to medical examiner?	Hospitel:				O		eath (Check only	one)		
6	0 0	2	1 Yes 2 No	1 Inpatie		R/Outpstle		<i>//</i>		Home 5 ☐ Res			1)
		- Co	27. Menner of Deeth 1 ☑ Naturel 5 ☐ Pending	28a. Date of Injur (Month, Day	y Year)	28b. Time o Injury	of 2	8c. tnju Wo		28d. Describe	how injury occu	rred	
DIVISION	Attending r death. ector: After by the fune	ati	2 ☐ Accident investigation				М	1	Yes 2 No				
ž	or Attendesting of the destination of the destinati	Ě	3 Suicide 6 Could not b	28e. Pleca of Injubuilding, etc.	ury - At hor	ne, farm, st	reet, factory	, office		28f. Location City or To	(Street and Num.	ber or Rural	l Route Number,
ב	tal or A	Certification:			, _peony)					, 5. 10	., .,,		
	hour In fill Iy fill		29a. Certifier 1 Certifying Ph	yelclen: To the best of	of my know	ledge, deet	h occurred	at the ti	me, dete end pled	ce, end due to the	cause(s) end m	snner as st	ated.
	n 24 n 24 ne Fi	edicai	(Check only 2 Medicat Examone)	niner: On the basis of and menner ste	exeminetion eted.	on end/or in	rvastigetion,	, in my o	ppinion, deeth occ	curred st tha tima	, deta and place,	and dua to	tha cause(s)
	To the Hospital or Attent within 24 hours efter deat To the Funeral Director: completaly filled in by the	ž	29b. Signature end title of certifier				290	. Licen:	sa number		29d. Data signe	ed (Month, (Dey, Year)
			Fustin M	Clarks	ill	1)		DD //	00107				
	NI		7					KD#	02107		June 2	9,1997	/
	10,		30. Name end address of person who Kristin Clark 1					D~	D-1+	o MJ o	1227		
							quare	DI	• Dalt	o, Md. 2	1431		
	Sta Registr		31. Dete filed (Month, Day Year)	guine property	apple a	notebe							

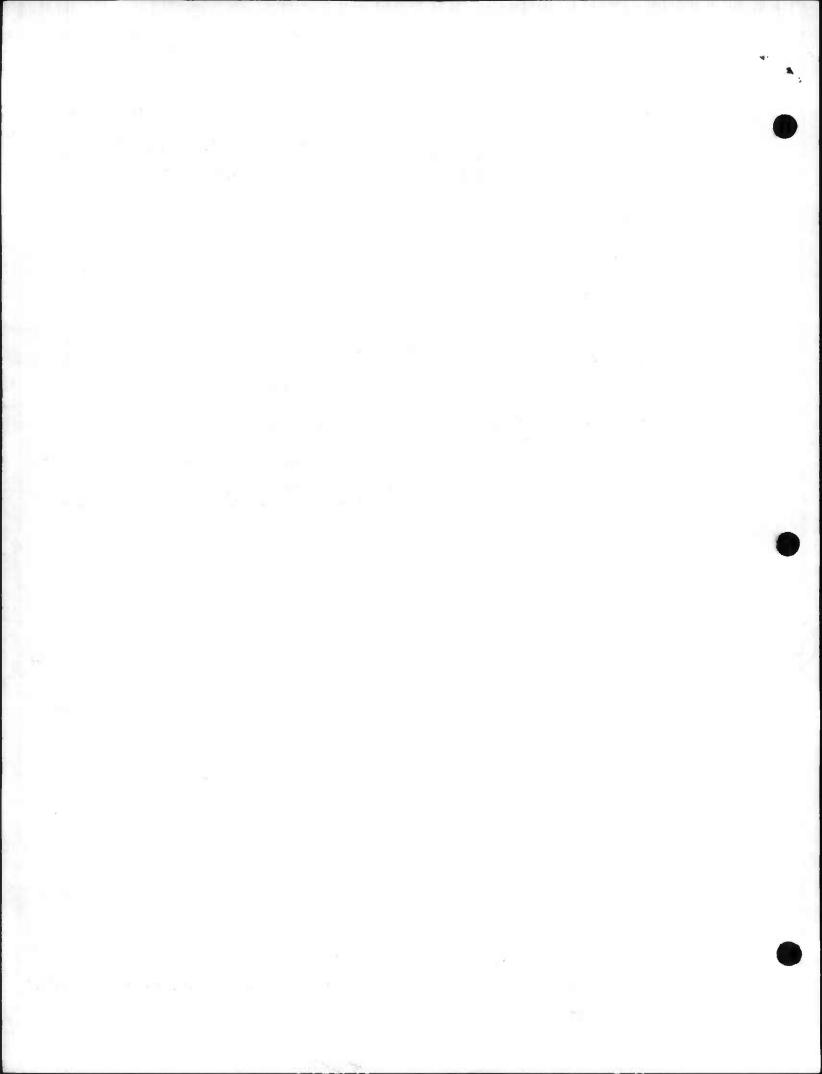


97-3610-005

Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible.

	BARRY ZULAU	F It	tems:23a part I,27,28a-	State of Ma	ryland	d / Depa	rtment of	Health and f Death	Mental Hy	giene G	7	20169
			1. Decedent's Nama (First, Middle, Las	1)					2. Dete of De	eth		3. Time of Death
	Physic /Medi		Barry Joseph Zul						JUNE		Yeer 1997	5:59P.M
	Exami	ner	4e. Fecility Neme (If not institution, give	street end number)				4b. City, Town, or	Location of Deet	h 4c. Count	y of Deeth	
	Funeral Director		8617 LUGANO ROX 5. Social Security Number 6. State		(In yrs. la	st birthday) 1 Yrs.	If Under 1 Ya Months Dey		(Month, De	BALC th by, Year) .8, 1956	9. Birthp Cour Mar	RE plece (Steta or Foreig try) yland
	yand yand		10e. Stete 10b. County		10c. City,	Town or Lo	cation				1	Od. Inside City Limit
	e Man	ctor	Maryland Ba	ltimore			Rock	dale				1 ☐ Yes 2 N
	23a or 24 unit be no	ral Director	10e. Street end Number 3421 Ki	mble Road			10f. Zip Code	21244		10g. Citlzen of United		
21215-0020	172 hours after death with the Maryland "natural", or items 23a or 28a-f show idical Examiner must be notified at	by Funeral	11. Maritei Status 1⊠ Navar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent E- Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Give Yaer or Detes:			Vas Decedent of Yes, specify Co ☐ Yes 2KIN	f Hispanic Origin? (Suban, Maxican, Puer Specify:	Specify Yas or No to Rican, etc.)	14. Ra Bla Specia	ce - Americ ick, White, fy: Whi	etc.
5-0	hin 72 hc	Completed	15. Decedent's Ed (Specify only highest gre	ucation de completed)		16e. Deced (Give	ent's Usuel Occ	supetion ne during most of wo red)	rking	16b. Kind of B	usiness/Inc	dustry
212	withir ene. then	дшс	Elemantery/Secondary (0-12)	College (1-4or 5+	+)		<i>00 NOT</i> use <i>reti</i> Mechani			Automo	tive	
br	ital Hygie d other event, to	Be C	10th grade 17. Fether's Neme (First, Middle, Last)			Bouj		1	me (First, Middla			
ylar		To E	Joseph Charles Zu	lauf				Joseph	ine Clem	ens		
	and and		19e. Informent's Neme/Reletionship (7				-	et and Number or R			, Stete, Zip	Code)
	feat feat m 2		Josephine Zulauf 20e. Method of Disposition	(Mother)	20b Ple		Kimble sition (Neme of	Rd. Balti	more, MI	20c. Location	- City or To	oum Ctoto
nor			1 ☐ Burial 2 ☑ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify		cai	matary, cren	etory or other p	n July 2				
Baltimore,	permit. Pages Department of Important: If it any injury or once.		21. Signature of Funeral Service Licens		Gal	L ₀	Name and Add	lrass of Fecility ers Funer	al Direc	ctors,In	ıc.	Maryland
	Physician /Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	e. ALCOHOL AN	ND NAR	Do not ente	or the mode of d		c or respiretory e	rrest,		Approximata Intervel Between Onset and Deeth
1	Di di	Examiner		b. ————								
ei.	be executional fragility		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying	D	Due to (or	as e conseq	uenca of):					
(676	田 花中	Medicai	Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest	C	ue to (or	as a consequ	ience of):					
Bo	eath certifical attending phy i for use as th	lan/	,	d								
P.O.	nat the o od by the detached	by Physician/Med	Pert II. Other significant conditions co	ntributing to deeth but	t not resul	ting in the ur	derlying cause	given in Pert I.				the cause of death
Records,	has been sign pe 2 should be	Completed b							24a. Was	an autopsy med?	av:	ere autopsy findings alleble prior to mpletion of cause deeth?
E .		Сош							10	Yes 2□No	115	res 2□ No
Vital	yestern: The a certificate director, pa	Be	25. Wes case referred to medical exeminer?	Hospitel:					eth (Check only o			
5	Physical de la company	T. To	1 No 2 No 2 No 27. Manner of Death	1 ☐ Inpatien 28e. Dete of Injury		R/Outpetien 28b. Time of	3LI DUA		lome 5 ☐ Resi	dence 6 DOt		SCENE
Division	Attending r death. sctor: Atte by the funk	Certification:	1 ☐ Neturel 5 ☐ Pending 2 ☐ Accident investigation 3 ☐ Sulcide S ☐ Could not be	found:06/30	<i>Year)</i> 0/97 f	Injury ound: 5	:54	☐ Yes XXX No	unknown			oi Routa Number,
습	5 등 등 6	Serti	4 ☐ Homicide determined	28a. Placa of Injur building, etc. found at re			et, rectory, onic	•	City or Too	wn, Stete)8617	7 Lugar	no Road
	To the Hospital within 24 hours a To the Funeral C	edical (29a. Certifier 1☐ Certifying Phy (Check only one) 2 Medical Exam	slcfen: To the best of ner: On the basis of e	my know	ledge, deeth	occurred et the estigation, in my	time, dete end pleca opinion, death occu	, end due to the	ceuse(s) end m	enner es si	teted. the ceuse(s)
	vithin 2 To the comple	Me	29b. Signature and title of contiller	OV/			29c. Lice	nse number		29d. Date signe	ed (Month,	Dey, Year)
			1 9	1 51			0.	C.M.E.		JULY 1	,199	7
	1		30. Name and address of person who co		eth (Item :							
			1JWIU K	Fowler		TTT	renn S	treet, E	saltimo	re, Ma	ıryla	nd 2120

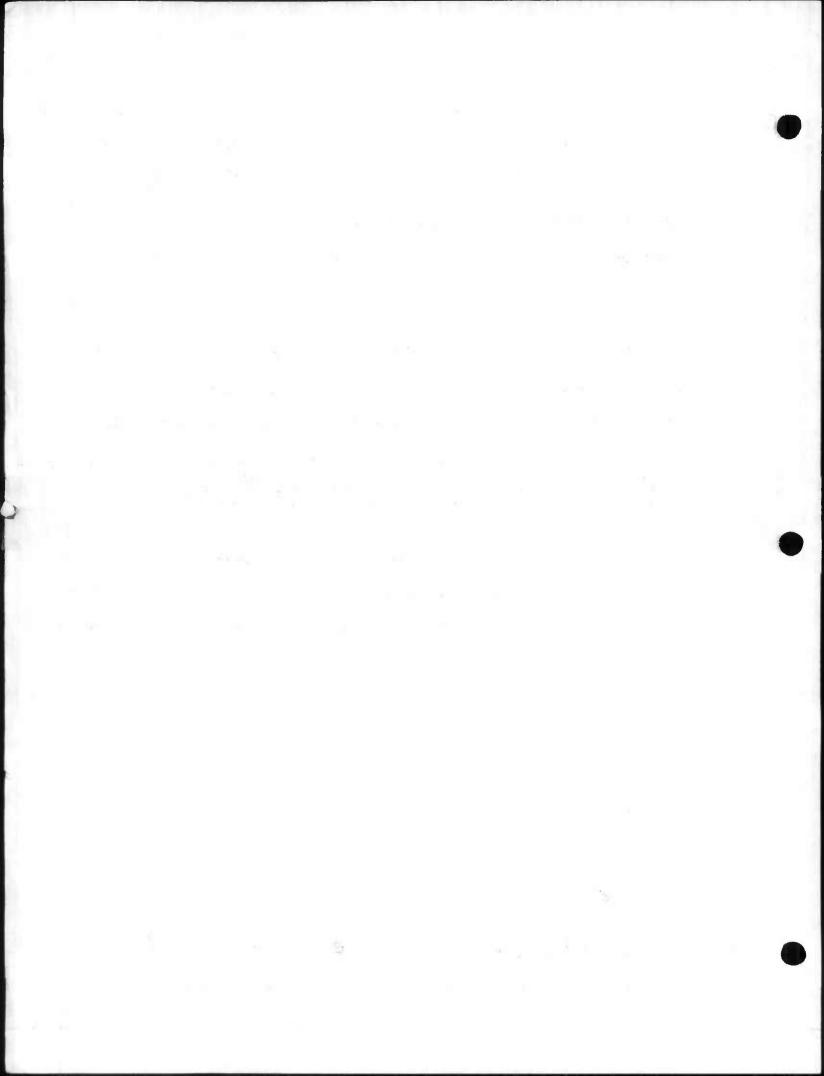
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State of Maryland / Department of Health and Mental Hygiene

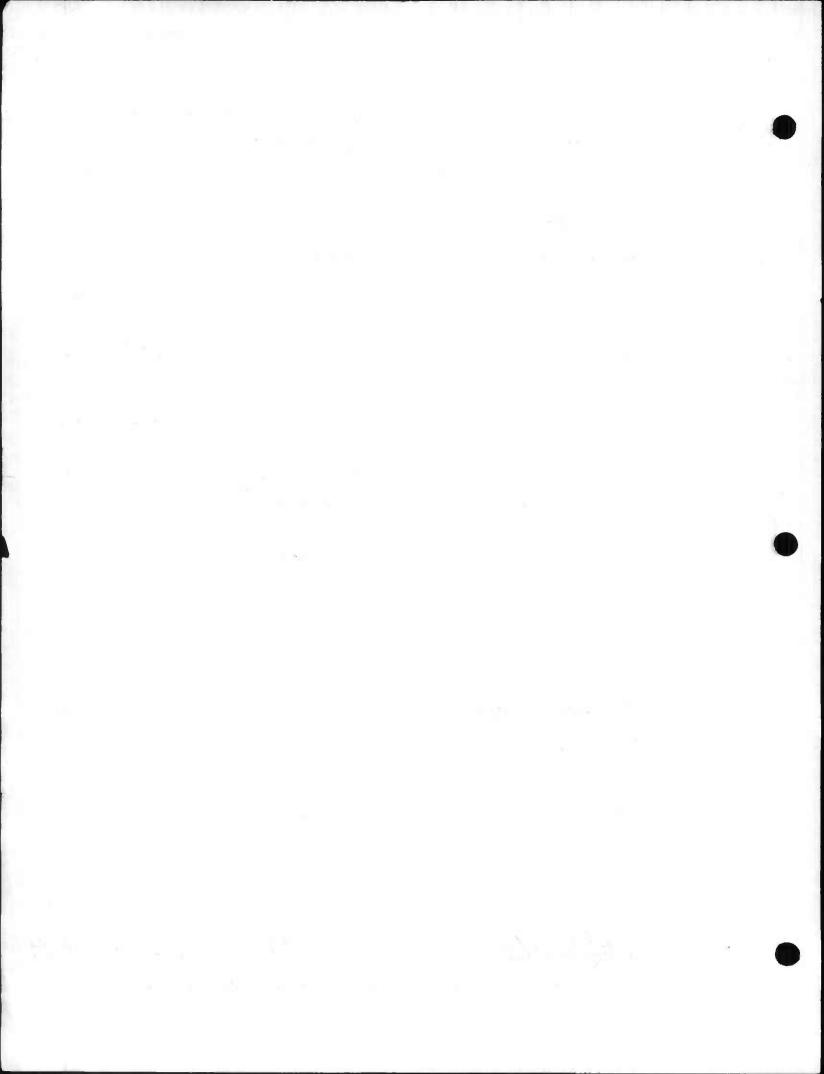
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					Certifi	cate of l	Death		F	Reg. No.			
Dhor	o i o o	1. Decedent's Name (First, Middle, L.	est)					2.	. Dete of Dee Month		Yeer	3. Time of De	ath
Physi /Med		Alice W	V. Asl	nton					6	17	97	6:45	AM
Exam		4e. Fecliity Neme (If not institution, gi	ve street end number)			4	b. City, Tow	vn, or Local	tion of Deeth	4c. County	of Deeth	Ric.	
		Holy Cross Hosp	ital					er Sp			tgome	ry	
Funera			Sex 7. Ag 1 M 2 F	ge (in yrs. last bi	Mo	Inder 1 Yeer onths Deys	If Under 2 Hours	Min.	Dete of Birth (Month, Dey	Year)	9. Birthp Coun	lece (Stete or Fo	reign
Directo	r	378-01-2077		89	Yrs.			F	eb. 8	, 1908	Mary	land	
and w		Usuel Residence of Decedent 10a. Stete 10b. County		10c. City, Tov	vn or Location	n					1	0d. Inside City L	imits
Mary	0	Maryland Montgom	nerv	Silve	r Spr	ing						1X Yes 2[
the rich	9	10e. Street end Number		DILLY		f. Zip Code			1	l 0g. Citizen of V	Whet Coun	ntry?	
3a o	0	705 Ritchie Aver	nue			20910)			USA			
deati	Funeral Director	11. Maritel Stetus	12. Wes Decadent Armed Forces?	Ever in U,S.	13. Wes I	Decedent of Hi		in? (Specif	y Yes or No-		e - Americ		
politicates, find yield a 12.13-0020 permit. Peges 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28e-f show any injury or other traumatic event, in Medical Eventual must be notified at	þ	1 Never Merried 2 Married 3 Widowed 4 XDivorced	1 Yes 2X If Yes, Give Year or Detes:			es 20 No	Specify:	, Pueno Ric	an, etc.)	Specify	ck, White, w	hite	
72 h 72 h	Completed	15. Decedent's E (Specify only highest gr	Education rade completed)	166	Decedent's	Usual Occupi	etion during most	of working		16b. Kind of B	/siness/inc	dustry	
ithin 19	du	Elementary/Secondery (0-12)	College (1-4or	5+)		of work done o	-			Т	4	D 1- 4	
led w	S		43		Priva	ate Sec			F A #			Banking	
Mar y large d 2 should be file th and Mental Hy 7 Is marked oth traumatic event	Be	17. Father's Neme (First, Middle, Las								Maiden Suman	10)		
d Me	2	Charles R. Nacke		10	h Moiling Ad	denne (Ctenat			Jnobta:	r, City or Town,	Ctato Zio	Codel	
d2s than 7 lar		Jerry J. Booth /			_					ington,			
Heal Heal		20e. Method of Disposition		20b. Plece	of Disposition	(Neme of			Dete	20c. Location -	-		
eges ant of t: If If		1 XBurial 2 Cremetion 3 0 4 Donation 5 Other (Special				y or other plea	•	v 6/1	9/97	Silver S	Snrin	g, Mary	land
semit. Peges 1 a moortant: If them iny Injury or other		21. Signeture of Funeral Service Line		Jace	22. Ner	ne end Addres	ss of Fecility	Hines	-Rina	ldi Fune			Lanc
Depar Import			AL		1180	00 New ver Spr	Hamps	shire	Avenue	20904			
		23a. Pert1. Enter the disease, of conshock, or heart feilure: Ust only	nplications thet cause	d the death. Do		_	-					Approximete Intervel Between	
Physician		shock, or heart feilure! List only	one ceuse on eech li	ine.							į	Oneet and Dee	th
/Medica	ı	Immediete Cause (Finel diseese or condition	· Au	T. Co		Ascul	m 6	ا . ـ ـ	0-15			11 da	
Examine	r	resulting in deeth)	е. 11 сс	Due to (or es e			4	and	cen			4 -49	
p =	ner		14	renter								445	
ocute ind trans	Examiner	Sequentielly list conditions,	D	Due to (or es e		e of):							
fficate be exe g physician a as the burial-		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	7 1	ressil	enstu	Her	F 6	1 esca	n		1	YRAG'	
eath certificate be executed attanding physician and for use as the burial-fransit	Medical	thet initieted events resulting in death) Lest	C	Due to (or es e		-						•	
ding p	Me		d.								į		
death c													
0 0 0	Physician	Pert II. Other eignificant conditions	contributing to death b	out not resulting	In the underly	ing cause give	en In Pert I.			_/		the cause of d	
hat the									101	100 2 KNO	3 Prol	bably 4 ☐ Uni	cnown
requiras that tha	d by								24e. Wes	en autopsv	24b. W	ere autopsy findi	ings
v require been si should	ete								perfor		eve	eileble prior to mpletion of caus	
has has	Completed											déeth?	
	ပိ	25 Was case referred to modify					00.5	-10	1 🗆 Y	1. 3	1 .	☐Yes 2☐No	
	o Be	25. Was case referred to medical exeminer?	Hospitel:	- 0 0 5500	utmotions of	Oth	er:		Check only or		or /0==="	24)	
	-	1 ☐ Yes 2 No 27. Menner of Deeth	28e. Dete of Inju	ry 28b.	Time of	DOA 28c. Injun	4 LI NUI	7		ence 8 Oth ow injury occur		у)	
ding it.	tion	1 Neturel 5 Pending 2 Accident investigation	(Month, De	y Year)	Inj <i>u</i> ry N		k? Yes 2 ⊡ N	No					
f or Attending Phrafter death. Director: After thi	Certification:	3 ☐ Sulcide 6 ☐ Could not I	289. Plece of in		arm, street, f	ectory, office		281			er or Rure	al Route Number	
a afte	ert	4 Homicide	building, et	c. (Specify)					City or Tow	m, Stele)			
To the Hospital or within 24 hours after To the Funeral Dir complataly filled in	edical (29e. Certifier (Check only one) 1 Certifying Pl	hyalclan: To the best miner: On the basis o end menner st	f examinetion e	e, deeth occi nd/or investig	urred et the tim lation, in my o	ne, date and pinion, deet	plece, end h occurred	d due to the d et the time, d	ceuse(s) end mo dete end place,	enner es si end due to	tated. the ceuse(s)	
	Z	29b. Signeture end the of cartifier				29c. Licens	e number		- 2	29d. Dete signe	d (Month,	Day, Year)	
To the To	-			. 1		100	27116	P H	0	61	176	-	
to withir comp		+ We We	Witne	111		UU	7748				117)	
		30. Name end address of person who	wstock completed cause of c	deeth (Item 23a)	(Type, Print)		,			01	1 17)	
		30. Neme end address of person who	ocompleted cause of a	deeth (Item 23a)	(Type, Print)		,		M4	7/00	2	0807	



State of Maryland / Department of Health and Mental Hygiene 97

					C	ertificat	e of	Death			Reg.	No.			
		1. Decedent's Name (First, Mid	die, Last)							2. Date of [3. Tim	ne of Death
Physic		Robert B	Aina	worth						Month		Dey 199	Yeer	2.	20 DM
/Med		4a. Facility Name (If not institut						4b. City. To	own, or Lo	June ocation of Dec	15 ath	4c. County	-		30 PM
Exami	ner	211 Russell Av						Gaith					gomer	.7	
		5. Social Security Number	6. Sex		food blother	lf Under			24 Hrs.	8. Date of E	21-41-	HOIL	0	_	
Funera			1 M M 2 □ F	7. Age (In yrs	. iasr birthda Yrs	Months	Days		Min.	(Month, I	Dav. Ye	ar)	Counti	ry)	ate or Foreign
Director		344-03-9905		83	115					Nov. 1	.4,	1913	Illi	noi	S
Pu s		Usuel Residence of Decedent 10a. State 10b. Cour	h	10c C	ity, Town or	Location							10	ol deele	le City Limits
anyte sho	-												10		Yes 2 No
Sa-1	Sc		gomery	Ke	nsing	con					,				105 2 2 3 140
F 9 F	je e	10e. Street and Number				10f. Zip	Code				10g.	Citizen of 1	What Countr	ry?	
th w	ie	4209 Matthews	Lane			2	2089	5					USA		
ite, Midi yidilid ZIZID-0020 s 1 and 2 should be filed within 72 hours efter death with the Marylend if Health end Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, in Medical Evantine must be notified at	Funeral Director	11. Marital Status	12, Wes De Armed F	cedent Ever In U	J,S. 1	3. Was Deced	lent of I	Hispanic Or	Igin? (Sp	ecify Yes or I	No-		e - Americe		n,
P in it	5	1 Never Married 2 M	arried 1 Tes	2 1 No						Hicen, etc.)			ck, White, e		
urs urs	by	3 Widowed 4 □ Divorc	od If Yes, G	live Dates:		1 ∐ Yes	2 IXI No	Specify:				Specify	wn	ite	
in year Ind. 2 Ind. 2000 should be filed within 72 hours ef of Mental Hygiene. marked other then "netural", or imatic event, the Modical Exam	Completed	15. Deced	ent's Educetion		16a. De	cedent's Usua	al Occur	petion			16b	. Kind of B	usiness/Indu	ustry	
In 7	pie		est grade completed	-	(G life	ive kind of wo	rk done se retire	during mos	st of work	ing					
filed within Hygiene. ther then	E	Elementery/Secondery (0-12	College	(1-4or 5+)	Post	al Cle	erk				Fe	deral	Gove	rnme	ent
filed withi Hygiene. rther then		17. Father's Name (First, Middl	e, Last)		1			18. Moth	er's Nam	e (First, Midd	le, Maio	ien Suman	ne)		
2 should be fi end Mental I Is marked of reumatic eve	Be	Merle Ainswort						Po	rni o	e Broc	1.		,		
d Me	2				401.44										
id 2 should be file the end Mental Hy 77 is marked othe traumatic event.		19a. Informant's Name/Relatio	nsnip (<i>Type, Print)</i>			ailing Address									2101
and ealth		Nancy Durst				43 Powe			Terr		_			-	2191
000		20a. Method of Disposition 1X□ (Buriai 2 □ Cremation	3 DRomoval from	20b.	Place of Dis cemetery, o	sposition (Nar erematory or o	ne of ther pla	ice)		Date	200	Location -	City or Tow	vn, Stat	е
permit. Pages 1 ar Department of Hear mportant: If Item 2 iny Injury or other DDCs.		4 Donation 5 Other			rklaw	n Memor	cial	Park	. 6	/18/97	Ro	ckvil	le, M	D	
1 2 5 5 5		21. Signature of Funeral Service	e Licensee	,		22. Name an	d Addre	ess of Facili	_{tv} Fra	ncis J	. C	ollin	s Fund	era.	L
permi Depar Important Ir	8	• 1	00			lome,					у В	lvd.	West		
		23a. Part 1 Enter the disease, shock, or heart feilure. L	r Coom	1		Silver				20901				Approx	
certificate be executed certificate be executed with ding physician and see as the buriel-transit unit	Examiner	disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting in death) Last	b	Due to (or as a con	sequence of):		000							
hat the death of by the etten deteched for u	Physician/Medical	Part II. Other significent condi	d.	deeth but not re	sulting In the	e underlying o	euse gi	ven in Part	ì.			co use co 2□ No	ntribute to		use of death?
he law requires that e has been signed to age 2 should be dete	by	11 1											T		
v require been si should	Completed	TITI LI	101							24a. Wa	as an ei rformed		evai	itable p	psy findings rior to of cause
hes by	pie	- 04 000											of d	eath?	OI Cause
9 6 6	O.									10	Yes	20 No	10	Yes	2 No
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Physician: this certificant	To B	examiner?	Hospital:	Inpatient 2	ER/Outpa	tient 3 DC	A Ot	har /		ome 5□Re		s □O#	or (Specify)	1	
Physician: Tribis certificat		27. Manner of Death	28a. Date	e of Injury	28b. Time		8c. Inju		uraling ric	28d. Describ					
or Attending Feffer death. Director: After	10	1 Naturel 5 □ Pend	ling (Mo	nth, Day Year)	Injur	y M		ork?]Yes 2.⊟	No						
or Attending efter death. Director: After	Certification:	3 Suicide 6 □ Coul	d not be	ce of Injury - At I ding, etc. (Speci	nome, farm,			116		28f. Location City or 7			er or Rural	Route	Number,
To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: After th completely filled in by the funeral	edical C	29s. Certifier 1 Certify (Check only one) 1 Medica	ing Phyalcian: To the l Examiner: On the l and ma	e best of my knobasis of examination	owledge, de atlon and/or	ath occurred Investigation	at the ti	ime, date ar opinion, des	nd ptace, ath occur	and due to the	e, date	e(s) and mand place,	anner as sta and due to	ited. the cau	ise(s)
vithir of th	X	29b. Signature and title of offil	W -			290	. Licen	se number			29d.	Date signe	d (Month, D	ay, Ye	ar)
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		10	n who completed ceu					n=			_U				
			stein, M.D			eorget	own	KD,	Beth	esda, l	MD	20814	+		
C+	ate	31. Date filed (Month, Day, Yea	DA TO 400-32.	Registr#'s Sign	ature										



State of Maryland / Department of Health and Mental Hygiene

20172 Certificate of Death

_						OUT	incate of	Dealii			Reg. No.		
	Physic /Med			MANN						2. Dete of De Month JUNE 1:	Dey 3, 1997	Yeer	3. Time of Death 3:00 P.M.
	Exami Funeral Director	ner	577-22-3453	NURSING &	e (In yrs. lest bir	thday)	TER If Under 1 Year Months Deys		M Hrs.	8. Dete of Birt	PRINC	9. Births	ORGES blece (State or Foreign htty) HINGTON, DO
	leath with the Maryland ns 23a or 28a-f show man be notified at	5	Usuel Rasidence of Decedent 10a. Stete 10b. County MARYLAND PRINCE	GEODGEG	10c. City, Tow							1	10d. Inside City Limits 1 ☐ Yes 2 ☒ No
	the A	Director	10e. Street end Number	GEORGES	HYATTS	SVIL	10f. Zip Code				10- 04	14/2-1-0	
	with a po			. 4 5							10g. Citizen of		
020	or iten	by Funeral	3822 THORNWOOD RO	12. Wes Decedent E Armed Forces? 1 XYes 2 N If Yes, Give Yeer or Detes:	10000		20784 as Decedent of I Yes, specify Cub		n? (Spec Puerto R	cify Yes or No licen, etc.)	UNITED 14. Rec Ble Specify	ce - Americ ck, White,	can Indien, etc.
0-10	notural,	ted	15. Decedent's Ed	lucation	16e.	Decede	nt's Usuei Occu	petion			16b. Kind of B	usiness/in	dustry
21215-0020	within ene. then	Completed	(Specify only highest green Elementary/Secondery (0-12)	College (1-4or 5		life. DO	ind of work done O NOT use retire ENANCE	ed)		9	ELECTE	RIC C	OMPANY
	e filed of Hygie other vent, II	BeC	17. Father's Neme (First, Middle, Last,							(First, Middle,	Meiden Sumer		
Maryland	should be filed nd Mentel Hygi marked other umatic event, t	To	ROBERT AMMANN					ALMA	DAY	ď			
lan			19a. Informent's Neme/Raletionship (Type, Print)	19b	. Mailing	Address (Stree	t end Number	or Rural	Route Number	er, City or Town,	Stete, Zip	Coda)
Baltimore, N	Peges 1 end 2 should nent of Health end Mer nt: If Item 27 is marke iry or other traumatic		DALE A. AMMANN, Some state of Disposition 1kd Burial 2 Cremetion 3 4 Donetion 5 Other (Spacific	Ramovel from State	20b. Piece of cemeter	Disposi y, <i>cr</i> eme	ILVER RO	ice)		Dete	20c. Location	City or To	own, Stete
Baltir	permit. Pege Department of Important: If any injury or once.		21. Signeture of Funerei Service Licer	-	FURT 1	22.1	OLN CEMINAME OLN CEMINAME OLN CEMINAME OLN CEMINAME OLN CEMINAME OLN CEMINAME OLD C	ess of Fecility		/17/97 L HOME	BRENTW	WOOD,	MARYLAND
Ç	Physician		23a. Pert1. Enter the disease, or com shock, or heert fellure. List only	A	the deeth. Do r	340 not enter	the mode of dyi	ng, such es ce	erdiac or	respiretory er	rest,	MARY	Approximete Intervel Between Onset end Deeth
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in deeth)	· Meta	Station or es e	conseque	LUI	ng (Ca.	nær		-	
	cuted nd transit	Examiner	Sequentially list conditions,	b. Reg	Spirato or es e o	O Y		ailu	re				6 month
68760,	th certificate be executed ending physicien and r use as the buriel-transit	Ical Ex	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Lest	c	Due to (or es e c	onseque	ence of):					i	
30 X O	th certifice ending pl r use as t	an/Medical	L Country and Country	d									
O. E.	he att		Pert II. Other significant conditions of	ontributing to death bu	t not resulting in	the und	lerlying ceuse gi	ven in Pert I.		23b. Did t	obacco use co	ntribute to	the cause of death?
s, P.O	v requires that the death been signed by the atte should be deteched for	by Physic								नेव्र	/es 2□No	3 □ Prol	bably 4 Unknown
Records,	S S S	Completed									en eutopsy med?	CO	ere autopsy findings eileble prior to mpletion of ceuse deeth?
	The pege	EO								1 D Y	es 20 No	10	Yes 2 No
īta	Physician: The this certificate and director, peg	Be (25. Wes cese referred to medicel exeminer?					26. Piece of	Deeth	(Check only o	ne)		
5	Physic this ce	2	1 Yas 2 No	Hospital: 1 ☐ Inpatier		petient	3□ DOA Oth	ner: 4 Nursi	ng Home	e 5 🗆 Resid	ence 8 🗆 Oth	ar (Specify	1)
Division of Vital	After After	ation:	27. Menner of Deeth 1 Neturel 5 Pending 2 Accident Investigation		Year) 28b. T	ime of njury	M 1 [ryet rk? ∣Yes 2 □ No		3d. Describe h	ow Injury occur	red	
N N	or Att	Certification:	3 Suicide 6 Could not be 4 Homicide determined	28a. Plece of Inju- building, etc.	ry - At home, fer (Spacify)	m, straa	t, factory, office		28	of. Location (S City or Tow	itraet and Numb n, Stete)	er or Rura	l Route Number,
	in 24 hours he Funeral I phately filled	edical	29e. Cartifiar (Check only one)	ysician: To the best of liner: On the basis of end mennar stet	examinetion end	daath o	eccurred et the til stigetion, in my c	ma, dete end p opinion, daath	olece, en	d due to the d	euse(s) end ma deta end plece,	end due to	ated. tha ceusa(s)
/	2 2 8	2	29b. Signeture end title of certifier	er An	and,1	n-D	29c. Licens	e number	82		29d. Dete signe June 1	d (Month,)	Dey, Year)
(20/		30. Name end eddress of person who co	completed ceusa of da	ath (Itam 23e) (Type, Pr	int) Hanov	erPar	Icho	my Gr	eenbel	t. m	997
			Of Date filed March Con March	/								1	

Registrar

DHMH 16 Rev 6/95

Miles I had a start of the start of

5 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3 Time of Death 1997 **Physician** 15, JUNE 9:15 A.M. BELL ANDERSON /Medical 4a. Fecility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner PRINCE GEORGES HOSPITAL CENTER CHEVERLY PRINCE GEORGES 5. Social Security Number if Undar 1 Year | If Under 24 Hrs. 8. Data of Birth (Month, Day, Birthpiaca (Stata or Foreign Country)
 CAROLINA 7. Aga (In yrs. last birthday) **Funeral** 1 M 2K) F Days Hours Yrs JAN SO. Director 579-28-0905 76 Usual Rasidance of Decedant the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show Examiner must be notified at Yes 2□No Director DISTRICT HEIGHTS MARYLAND PRINCE GEORGES 10e, Street and Numbar 10f. Zip Code 10g. Citizan of What Country? ò 20747 1925 GLENDORA DRIVE United States items 23a Funeral 12. Was Decedant Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☑ No if Yas, Giva Yaar or Dates: 11. Meritel Stetus Wes Decedent of Hispenic Origin? (Specify Yas or No If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Biack, Whita, atc. pemit. Pages 1 and 2 should be filed within 72 hours after a Department of Health and Mental Hygiene. Important: if Itam 27 is marked other than "natural", or item eny injury or other traumatic event, it a Mental Example. 1 □ Navar Marriad 2 □ Marriad Baltimore, Maryland 21215-0020 1 ☐ Yas 2 X No Specify: Specify: Black þ 3 Widowed 4 □ Divorced Completed 16a. Decadant's Usual Occupetion (Give kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education (Spacify only highest grada complated) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Elevator Operator Federal Government 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be not known Rachal Owens 19e. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Straat end Number or Rural Routa Number, City or Town, Steta, Zip Code) Alberta Ashwood (Daughter) 1925 Glendora Drive, District Heights, Md. 20747 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Data Buriel 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donetion 5 ☐ Othar (Specify) MT. OLIVET CEMETERY 6/19/97 Washington, D.C. 21. Signature of Funeral Service Licenses 22. Name end Addrass of Facility M859 ALEXANDER S. POPE FUNERAL HOMES 5538 Marlboro Pike, Forestville, Md. 0 20747 23a. Part 1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or haert failure. List only one cause on each line. Approximata Interval Batween Onset end Death **Physician** Immadiata Cause (Final diseasa or condition rasulting in daath) /Medical ropic Examiner Dua to (or as a donsequance of) Physician/Medical Examiner physician and the buriel-transit The law requires that the death certificate be executed Sequantially list conditions, if eny, laading to immadiata ceusa. Enter Underlying Causa (Disaase or Injury that initiated events Due to (or as a conseque P.O. Box 68760. Novam Due to (or as a corf) equesce of: resulting In death) Last 98 attending Ucun 950 ed by the a Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 ☐ Unknown Division of Vital Records, þ should b 24b. Wara autopsy findings availabla prior fo complation of causa of death? 24a. Was an eutopsy Completed page 2 s certificate has 1 Yas 2 No 1 ☐ Yas 2 ☐ No Be 25. Was cesa ratarrad to medical axaminar? 26. Pleca of Death (Check only ona) Hospitai: 1 Inpatient Othar: 4 Nursing Home 5 Residence 6 Othar (Specify) Certification: To 1 Yas 2 No 2 ER/Outpatient 3□ DOA this funeral 27. Mannar of Deeth Data of Injury (Month, Day Year) 28d. Dascribe how Injury occurred 28c. Injury at Work? After 1 Hospital or Attending Naturel 5 Panding invastigation within 24 hours after death.

To the Funeral Director: All completely filled in by the fu 1 Yas 2 No 2 Accidant 6 Could not be determined 3 Suicide 28a. Place of Injury - At homa, farm, straef, factory, office building, etc. (Specify) Location (Street end Number or Rural Routa Number, City or Town, Stata) 4 Homicida 29a. Cartifiar 1 Certifying Physician: To the best of my knowledge, daath occurred at tha tima, data and place, and dua to the cause(s) and manner as stated.

2 Medical Examinar: On the basis of examinetion and/or invastigation, in my opinion, daath occurred at the time, data and place, and dua to the cause(s) and manner stated. edicai (Check only one) the 29b. Signatura and titla/of certifiar 29c. Licansa numbar 29d. Data signad (Month, Dey, Year) mrw Nama and address of person who completed cause of death (Item 23e) (Type, Print) 121VASTAUA, WV 31. Data filad (Month, Day, Year) 32. Registrar's Signatura State

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 97

	Ann Indianana Vic					Cert	ificate of	Death			Reg. No.			
			1. Decedant'a Nama (First, Middla, La	ist)						2. Data of De		.0064	3. Time of Death	
	Physic		Leona Ster	yl B	lackbu	ırn				June	1 7	1997	6:45 PM	A
	/Medi Examii		4a. Facility Nama (If not institution, giv		- 0.011.01			4b. City. To	wn, or Lo	ocation of Deatl		ounty of Death	0.45 PF	1
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H	F				a (In yrs. last b		If Under 1 Yaar	If Under	asto	R Date of Bir	th 1	albot		-
	Funeral Director				95	Yrs.	Months Days	Hours	Min.	8. Data of Bir (Month, Da	y, Year)	Cou	place (Stata or Foreigntry)	רון
	Director		Usual Rasidance of Decedant							Apr.9	,190.	Z M15	ssouri	-
	land		10a. Stata 10b. County		10c. City, Tox	wn or Loca	ation						10d. Inside City Limit	s
	dery fah	0	MD EDIT	DOF									Y□Yas 2□N	
	the 128s	Director	MD TAL	BO.I.		EAST	10f. Zlp Coda				10- Oli-		41	
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	ter death with the Merylan flems 23a or 28a-f show inst the notified at	Funeral				1								
	er de	un	11. Marital Status	12. Was Decedant Armed Forcas?		13. W	as Decedant of I Yas, specify Cub	an, Maxicar	gin 7 (Spo	ecity Yas or No Rican, atc.)	14.	Race - Amari Black, Whita,		
20	72 hours after death with the Meryland natural', or ftems 23a or 28af show after Examiner must be notified at	by F	1 Nevar Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yas 2 ☐ I If Yas, Giva X	No	15	JYas 21 No	Specify:			Sp	ecity: WI	HITE	
21215-0020	n 72 hours af "nætural", or edical Exom	P		Yaar or Datas:	404	Daniel	anta tila sai O				105 15-1	40 10 10		
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an	of a p	Be c	WILLIAM H. BU	·						IE ALI			IN "	
2	d 2 should th and Mer 7 Is marks traumatic	To	19a. Informant's Name/Relationship (Time Brief)	10	h Mallina	Address /Chan							
Maryland	The Part		PHYLLIS B. MEI				Addrass (Street						EASTON,	N
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ŏ			1 ☐ Burial 2 ☐ Cramation 3 ☐	Ramoval from Stata	CHESA	PF Δ	tory or other pla KE CREN	<i>сө)</i> ИХПТО	I TAL					
늘	tmer tant:		4 ☐ Donation 5 ☐ Othar (Specif							5-20-9	7 CHE	ESTER,	MD	
Baltimore,	permit. Pages Department of Important: If is any injury or once.	i	21. Signature of Funaral Sarvice Licer	nsaa	_	22.1	L.L.C.	ass of Facilit	ly DDATE	DIN C	2777772			
ш	00549		JOHN R. N	FRIFRI	\sim	20	0 S. H	HELI	ENE	SEIN &	NEWN	IAM FU	NERAL HO)M
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я	Physician		oneon, or near religia. Classoffy	Ona Cadoo On auch in								1	Onset and Death	
	/Medical		Immediata Causa (Finel disaasa or condition	1 1/4	()	01.0	0	5		0 000		!	110.	
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ó	an ar	ŭ	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	12 h. D		0	1.	13		1 1	-		10 24	
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Records,	requires to seen signe hould be	d by								24a Was	an autopsy	24b. W	are eutopsy findings	
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ě	The lew rate hes b page 2 s	Completed									1	of	death?	
										10	Yas 2001	No 1	□Yas 2□ No	
Vita	ysicien: The is certificate director, page	Be	25. Wes casa refarred to medical axaminer?	11			1.50		of Death	Check only o	ona)			
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Division of	ding P h. After t funera	 0	27. Menner of Death 1 ☑ Netural 5 ☐ Panding	28a. Data of Injui (Month, Day		Time of Injury	28c. Inju	ry at rk?	- 13	28d. Dascribe I	how Injury o	ccurred		
20	Attending or death. ector: After by the fune	cat	2 Accidant invastigation				M 1 🗆	Yas 2 🔲	No					
Ξ	after deat Director:	ertification:	3 ☐ Sulcida 6 ☐ Could not be datarmined	28a. Place of Inju- building, ato	ury - At homa, fa	arm, strea	t, factory, office			281. Location (S City or Tox		lumber or Run	al Routa Number,	
	is af	Ö								Ĺ				
	To the Hospital or Attending Phywithin 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	edical	29a. Cartifier 1 Certifying Ph	ysicien: To the best of	of my knowledg	a, daath o	ccurred at tha ti	ma, data an	d place,	and dua to tha	causa(s) an	d mennar as s	stated.	
	the F		One)	and mannar sta	ited.	TOO HIVE	sugation, in my c	pition, daa	ui occuir	od at tile tima,	dete and pre	ava, and due t	o (na cause(s)	
	To To	Z	29b. Signatura and titla of certifiar	1000	1	10	29c. Licans	a number			29d. Data s	igned (Month,	Day, Year)	
			WI Ella >	111/15/	Jane	LOW	I) L)C	70%	74		6	131	71	
	==		30. Nama and address of person who	completed causa of de	aath (Itam 23a)	(Type, Pr	int)				_			
			ROBLAT MCDO	MALD. P	1D	30	DOV.	ir S	TRE	IT L	ASTO	IM WE	21601	
	Sta	te	31. Date filed (Month, Day, Year)		ar's Signatura							/		
	Registr	ar	JUN 19	1997	. Laurel	in 12	ndelle							

State of Maryland / Department of Health and Mental Hygiene

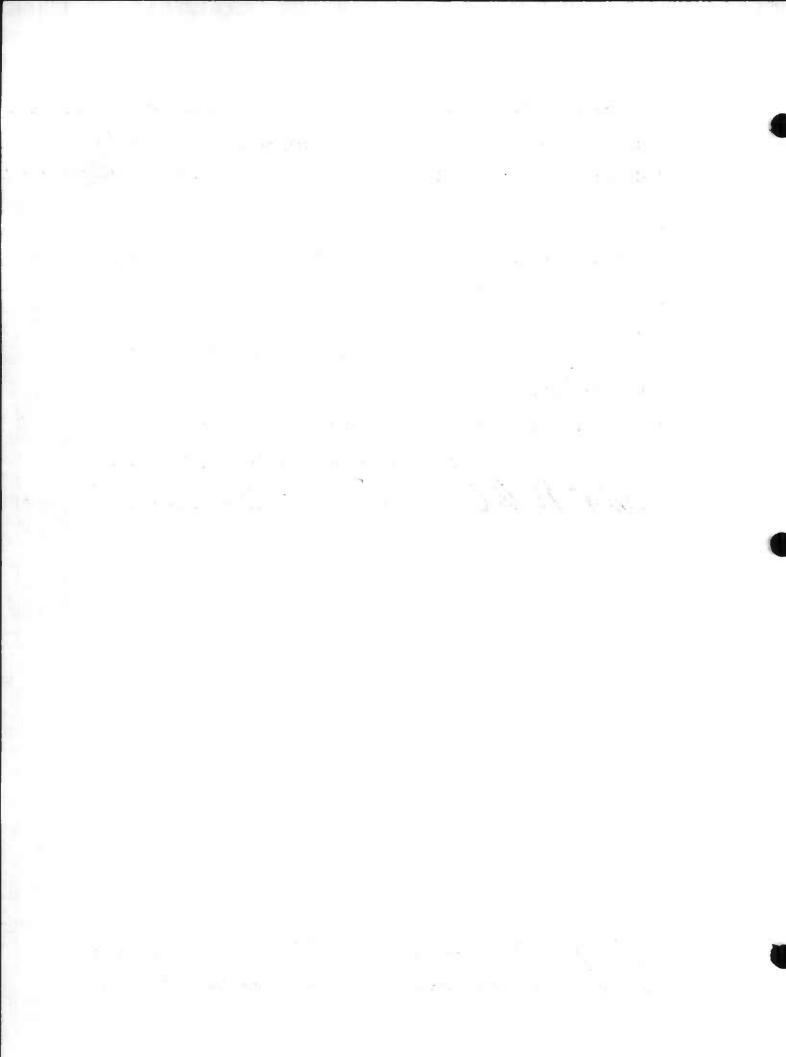
Certificate of Death

						Cer	ilicale of	Dealli		Reg. No.		
	Physic /Medi		Decedent's Name (First, Middle, WILLIAM	ARTHUR			BENDE	R	2. Date of De JUNE		1997	3. Time of Death 11:57 AM
	Exami		4e. Facility Neme (If not institution,					4b. City, Town, or				
			WILLIAM HILL					EASTO			LBOT	
Н	Funeral		5. Social Security Number 578-32-7185	40X14 00 E	(In yrs. lest 93	Yrs.	Months Days		8. Date of Bir	th 7,1903	9. Birthpl	lace (Stete or Foreign
	Director		Usual Residence of Decedent		93				NOV.2	7,1903	PENI	NSYLVANIA
	yland		10a. State 10b. County		10c. City, To	own or Loc	ation				10	Od. Inside City Limits
	a-f e	ctor	MD TAI	BOT	В	OZMA	N					1 ☐ Yes 2 🛣 No
	다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다 다	Director	10e. Street end Number				10f. Zlp Code			10g. Citizen of	Whet Coun	itry?
	23a		7380 COOPE	ER POINT R	OAD		216	12		Ţ	JSA	
	tem tem	Funeral	11. Maritel Status	12. Was Decedent Example Forces?		13. W	as Decedent of Yes, specify Cul	Hispanic Origin? (S ben, Mexican, Puer	Specify Yes or No to Rican, etc.)	- 14. Rec Biad	e - America	
20	s after	by F	1 ☐ Never Married 2 ☐ Marrie \$☐ Widowed 4 ☐ Divorced	If Yes, Give	0		□Yes 2 No			Specify		
21215-0020	be filed within 72 hours after death with the Maryland Ial Hyglene. I other than "natural", or flems 23s or 28s-f show event, the Medical Examere must be recribed.		15. Decedent's	Yeer or Dates:	11	Ra Decede	ent's Usuei Occu	Insting		16b. Kind of B		
75	nin 72	Completed	(Specify only highest	grede completed)		(Give k	ind of work done O NOT use retin	during most of wo	rking	DEPT.		
5	d with	mo:	Elementary/Secondery (0-12)	College (1-4or 5+ 4	+)	EN	GINEER					NGINEERS
	offie offie vent,	Bec	17. Fether's Name (First, Middle, La	ast)				18. Mother's Na	me (First, Middle	, Meiden Sumen	16)	
Vai	Wents	To	WILLIAM HARF	Y BENDER				KATHE	RINE	CHANCEI	LOR	
Maryland	2 should and Mer ie marke	•	19e. Informent's Neme/Relationshi					at and Number or Ri				
	s 1 and 2 should be filed within 72 hc if Health and Mental Hygiene. Item 27 is marked other than "natur other traumatic event, the Medical		ROBERT W. BEN	DER/SON				MILL R		ILVER S	PRI	NG O MD
altimore,			20a. Method of Disposition 1 △Burial 2 ☐ Cremetion 3	B □ Removal from State	ceme	tery, cremi	ition (Neme of etory or other plants	EMETERY	Date C 1 C			
	rtmer rtant:		4 □ Donetion 5 □ Other (Spe	**	FORI				0-10	BRENT	, עטטט	, MD
B	permit. Pages 1 and Department of Health Important: if item 27 any Injury or other tr 2006.		21. Signature of Funeral Service Lie	censee			Name end Addr LLOWS		BEIN &	NEWNAN	4 FUN	NERAL HOM
-			JOHN R.	MERCER	مم	20	0 S. H	ARRISON	ST.,	EASTON		
Ų	Dhtataa		23a. Part1. Enter the disease, or or shock, or heart failure. List or	nly one cause on each line	ine deetn. L 9.	o not ente	r the mode of dy	ing, such as cardia	c or respiretory a	rrest,		Approximate Interval Between Onset end Deeth
	Physician /Medical	М	tmmediate Cause (Finel	(11-	E.					
	Examiner		disease or condition resulting in death)	a. Congo	777V2	1724	19 141	LURZ				JMW THS
	D ==	ner		APTE	210501	C DO 71	· CADIDIO	LURE	- Diss	ser.	1	3 MONTHS
	and trans	Examiner	Sequentially list conditions,		ue to (or es			الماليك	11111	762		1011
Ö,	oe exe	E	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initieted events								1	
68760,	o certificate be executed anding physician and use as the burial-transit	n/Medical	thet Initiated events resulting In deeth) Lest	D	ue to (or es	e consequ	ence of):					
OX 6	ding se as	Me		d								
m	atter for u	clar	Production of the second state of the second s						1			
o.	The law requires that the death ate has been signed by the atter page 2 should be detached for i	Physicia	Part II. Other significant conditions			//						the cause of death?
· .	med to	by P	CHIPONIC OF	BSTRUCTI	VE	ru	nonthe	1 YISERY	€ "	Tes 2LING	3 Prob	abiy 4 Onknown
Records, P.O	quire en sig						/		24a. Was	en eutopsy		ere autopsy findings allable prior to
ပ္တ	s bee	plet							репо	ormed?	con	mpletion of cause deeth?
	The law ite has	Completed							10	Yes 22 No	1 [Yes 2□ No
Vital		Bec	25. Wes case referred to medical examiner?					26. Piece of Dec	eth (Check only	one)		
2	Physician: The la r this certificate has arai director, page 2	2	1 Yes 2₩ No	Hospital: 1 Inpatient	t 2 ER/	Outpatient	3□ DOA O	ther: 4 Mursing H	lome 5 ☐ Resi	dence 6 □Oth	er (Specify)
ב	ding Pi	on:	27. Manner of Deeth 1 Naturel 5 ☐ Pending	28a. Date of Injury (Month, Dey	Year) 28t	. Time of Injury	28c. Inju		28d. Describe	how injury occur	ed	
DIVISION OF	tendi Jeath tor: A the f	Certification:	2 Accident Investigat 3 Sulcide 6 Could no	t he				Yes 2 No				
\geq	I or Attend after death Director: A d in by the f	ertif	4 ☐ Homicide determine	28e. Plece of Injur- building, etc.	y - At home, (Specify)	, term, stree	et, fectory, office		City or To	Street and Numb wn, Stete)	er or Rural	Route Number,
_	To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certification of the funeral precedence of the funeral director.		29e. Certifier 12 Certifying	Physician: To the best of	my knowled	lge deeth (occurred at the t	Ime date and place	and due to the	cause(s) and ma	nner es st	ated
	e Hone Fur	edical	(Check only 2 Medical Ex	taminer: On the basis of e and manner state	examination	and/or inve	stigetion, In my	opinion, death occu	irred at the time,	date and plece,	and due to	the ceuse(s)
	withir To th	Σ	29b. Signeture and title of certifier	0			29c. Licen	se number		29d. Dete signe	d (Month, L	Day, Year)
			IN INS	2/201				12635	0	6/1	2/97	
			30. Name end eddress of person wh	no completed cause of dea	ath (Item 23a	a) (Type, P	rint)				1.6	
			WILLIAM S. BR	EMER, M.D.	., 80	0 S.	TALBO	T ST.,	ST. MI	CHAELS,	MD	21663
	Sta		31. Date filed (Month, Day Year)	32. Register	s Signature	. Yo						
	Registr	ar	4 4 1 T	2 1331	المراجع المراجع	10/-/j	ndelle					

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene 97 20176

_						-	tificate of	Death		Reg. No.	I See	, 0 1 1 0	
п	Physic	an	Decedent's Neme (First, Middle						2. Dete of De Month	Dev	Yeer	3. Time of Death	
a.	/Medi		Miriam	E. E	Burke				June 1	4,1997		8:10 A.M	
	Examir		4a. Facility Neme (If not institution, give street and number)					4b. City, Town, or L	ocation of Deet	4c. Count	y of Death		
			Manor Care Nursing Home					Chevy Cha			ntgome	ry	
	Funerai		5. Sociel Security Number	6. Sex 7. A 1 ☐ M 2 ☑ F	Age (In yrs. las		If Under 1 Yeer Months Deys	If Under 24 Hrs. Hours Min.	8. Dete of Bir (Month, De	th ly, Year)	9. Birtho	plece (State or Foreign	
	Director		577-56-9719		82	Yrs.			Oct.1,	1914	Was	hington, D.	
	death with the Maryland me 23a or 28a-1 show creat be notified at	2	Usuel Residence of Decedent 10e. Stete 10b. County 10c. City, Town or Location							1			
	M PH	Sct	none no	ne	Wa	shing	ton, D.C	•					
	# 2 m	ă	10e. Street end Number				10f. Zip Code			1000		itry?	
	6 2 M	a	4628 43rd Pla		N.W. 20016								
	or the	by Funeral Director	11. Meritel Stetus 1 Never Merried 2 Merri 3X Widowed 4 Divorced	12. Wes Deceder Armed Forces ied 1 ☐ Yes 2 ☑ If Yes, Give Year or Detes	37 9 No	 13. Wes Decedent of Hispenic Origin? (Spirif Yes, specify Cuben, Mexican, Puerto 1 ☐ Yes 2 ☑ No Specify: 		Specify:		ock, White,			
2	72 hours "natural", edical Exa	ted	15. Decedent			16a. Deced	ent's Usuel Occup	pation		16b. Kind of E			
3		Completed	(Specify only highes Elementery/Secondary (0-12)	ghest grade completed) 2) Coilege (1-4or 5+		(Give kind of work life. DO NOT use		during most of work d)	cing				
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P	be filed tal Hygi d other event, g	To Be C	17. Fether's Neme (First, Middle, I	Last)				18. Mother's Nem	e (First, Middle	Meiden Sumai			
/ai	thould be nd Mental marked o		James F. Hartn	artnett unavailab						ble			
ar)			19e. Informent's Neme/Reletionsh	nlp (Type, Print)		19b. Meilin	g Address (Street	end Number or Rui	ral Route Numb	10d. Inside City Umits 1			
			James M. Burk	e/son		717 N	. Daniel	St., Arl	ington,	Va. 22	2201		
ē,	Hem office		20e. Method of Disposition		20b. Pied				Dete			own, Stete	
ê	Pages nert of nry or o		1 ☐Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (Sr		□Removei from State Arlington Nation							. Va.	
Baltimore,	permit. Pages 1 and Department of Health important: If liem 27 any injury or other to ance.		4 Donetion 5 Other (Specify) Arlington National Cem. June 18,97 Arlington, Va. 21. Signature of funeral Service Licensia DeVol Funeral Home										
_	00 E 6 0		2222 Wisconsin Ave., N.W., Washington, D.C.20007										
	Physician /Medical		Approximate Interval Between Onset and Deeth Immediete Cause (Finel										
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	nsit	Examiner		b. —-							<u> </u>		
	ificate be executed g physician and es the buriel-transit		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury c.							1			
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68760,	phys the	edicai	resulting In deeth) Lest Due to (or es e consequenca of):										
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Box	attendin for use	clar											
P.O.	the d	Physiclan/M	Pert II. Other significant condition	ns contributing to death	but not resulti	ng In the un	derlying cause giv	ven in Pert I.	23b. Did	tobacco use co	ontribute to	the cause of meath?	
	ed by		Recurrent U	Finary Tr.	net I	n fec	tions		10	Yes 2 No	3 Prol	bably 4@Unknown	
Records,	The lew requires thet the death cert ite hes been signed by the attending page 2 should be detached for use	d by							240 Was	en eutoppy	24h W	ere sutoney findings	
Ö	requ peen shou	Completed	2						performed? aveilable prior		ellable prior to mpletion of cause		
36	hes hes										of	death?	
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		on	27. Manner of Deeth 1 🖾 Neture: 5 🗆 Pending (Month, Dey Year) 28b. Time of Injury Work? 28d. Detection 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							how Injury occu	rred		
Division	endi eath. or: A	Certification:	2 Accident Investig				M 1 🗆	Yes 2 □ No					
	or Attendi efter death. Director: A d in by the fo	Ē	3 ☐ Suicide 6 ☐ Could n 4 ☐ Homicide determi	ned 286. Pieca of II	28e. Pieca of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural City or Town, Stete)						I Route Number,		
	tai of in led ii	S		895									
	To the Hospital or Attending within 24 hours effect death. To the Funeral Director: After completely filled in by the fune	edicai	29e. Certifier 1 Certifying (Check only one) 2 Medical E	Physician: To the bes Examiner: On the basis and menner s	of examinetion	edge, deeth n end/or inv	occurred et the tir estigetion, in my o	me, dete end plece, opinion, deeth occur	end due to the red at the time,	ceuse(s) and m date end place,	anner as si and due to	ated. the cause(s)	
	with:	ž	29b. Signeture end title of cartifier	29c. Licens	29c. License number			29d. Date signed (Month, Dey, Year)					
	20		1	1 The		1500		03335	7	Tuno	16 10	007	
	V .		30. Neme and eddress of person v	vho completed cause of	deeth (Item 2	3e) (Tvna =	-			June	16,19	771	
			Lee J. Musher					.045. Ches	v Chase	e, Md.	20815		
	Sta	te	31. Dete filed (Month, Dey (Mart)					, 0	,	,			
	Registr		JUNI	18 1997 ^{32. Regis}	Julia Day	rdson-1	andelle						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Item: 18a per FH G-749 7/28/97 dh Items: 10f, 19b per FH G-749 7/28/97 dh Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Data of Death 3. Time of Death Day **Physician** Kenneth C. Bridgewater June 11, 1997 /Medical 5:53pm 4a. Fecility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** Washington Adventist Hospital Takoma Park Montgomery 6. Sex. 1 → 2 F if Undar 1 Yaar Months Days 8. Data of Birth
Month, Day, Year)
July 1, 1942 if Undar 24 Hrs. Hours Min. 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months 54 Vrs Director 104-42-8063 Trinidad Usual Rasidance of Decedant 10a. Stata 10c. City, Town or Location 7 is marked other than "naturel", or items 23s or 28s-f show traumstic event, the Mad cal Examiner naist be notified at 10d. Inside City Limits 1 Yes 2 No Director Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 1400 East-West Highway # 1405 20903 20910 Trinidad Funeral 'naturel', or items 12. Was Decedant Evar in U,S. Armed Forces? 13. Was Decedant of Hispanic Orlgln? (Specify Yes or No-lf Yas, specify Cuban, Maxicen, Puarto Ricen, atc.) 14. Race - American Indian, 11. Maritai Status permit. Pages 1 and 2 should be filed within 72 hours effer to Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or iter any injury or other traumatic event, the Medical Examines once. Black, Whita, atc. 1 ☐ Yas 2 📉 No If Yas, Giva 1 Nevar Marriad 2 Married 1 ☐ Yas 2 No Specify: Specify: Black by 3 Widowed 4 Divorced Yaar or Datas: Completed 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry 16e. Decedent's Usuai Occupation (Give kind of work dorie during most of working life. DO NOT use retired) College (1-4or 5+) Elementary/Secondary (0-12) Salesman Health Industry 12 17. Fathar's Nama (First, Middle, Last) 18. Mother's Nama (First, Middle, Maiden Sumame) Emmanuel H. Bridgewater Rubin Gater Carter 19a. Informant'a Name/Raiationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) Joyce Bridgewater (wife) 1400 East-West Highway #1405 Silver Spring, MD 20a. Mathod of Disposition

1 Burial 2 Cramation 3 Ramoval from State 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Data 4 □ Donation 5 □ Other (Specify) Gate of Heaven 6-14-97 Silver Spring, MD 22. Nama and Addrass of Facility Pope Funeral Homes 21. Signatura of Funaral Sarvice Licensee 11315 Lockwood Drive Silver Spring, MD 20904 23a. Part 1. Enter the disease or complications that ceused the deaths. Do not anter the mode of dying, such as cerdiac or raspiratory arrast, shock, or haart fellura / List only one cause on each line. Approximata Intarval Batween Onsat end Death **Physician** /Medical Immediata Cause (Finei disaasa or condition rasulting in daath) Cardiomyopathy years Dua to (or es e consequance of): Physician/Medical Examiner Sequantially list conditions, if any, leeding to immediate ceusa. Enter Undarfying Causa (Diseese or Injury that initiated events resulting in death) Last Dua to (or as a consequance of) Due to (or as a consequence of): 88 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yee 2 No 3 Probably 4 Unknown Diabetes Mellitus þ 24b. Wara autopsy findings availabla prior to completion of causa of death? 24a. Was an autopsy parformed? 1 ☐ Yes 2 ☐ No 1 ☐ Yas 2 ☐ No

Examiner The lew requires that the death certificate be executed and-trens physicien at s the burief-t attending p for use as by the stached page 2 Ser certificate or Attanding Physician: director, this After thi funeral

Box 68760.

P.0.

Division of Vital Records,

the Maryland

death

Baltimore, Maryland 21215-0020

Completed Be Certification: To

25. Wes cese referred to madical axaminar? 1 Yas 2 No 27. Mennar of Death 1 Naturel 2 Accident

29a. Certifiar

(Check only one)

5 Pending Invastigation 6 Could not be detarmined 3 Suicida 4 | Homicida

Hospital: 1 Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Dey Year)

28b. Tima of

Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 28c. Injury et Work? 28a. Place of Injury - At home, farm, streat, factory, offica building, atc. (Specify)

1 Yas 2 No

28f. Location (Street and Number or Rural Route Number, City or Town, State)

28d. Dascribe how injury occurred

26. Pleca of Deeth (Check only one)

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, dete and piece, end due to the causa(s) and manner stated. 29b. Signature and titla of certifier

29c. Licanse number

1 🔀 Cartifying Physician: To the best of my knowladga, daath occurrad at the time, data and place, and dua to tha causa(s) and mannar as stated.

29d. Date signed (Month, Day, Year) Sure 17, 1997

30. Nema and address of person who completed cause of deeth (Item 23a) (Type, Print)

7600 CARREL ANT TAKOMA PARK MD M.BRILL, MD

State Registrar

n 24 hours after death.

• Funeral Director: A

pletely filled in by the fi

To the Hosp within 24 hos To the Fune completely fi

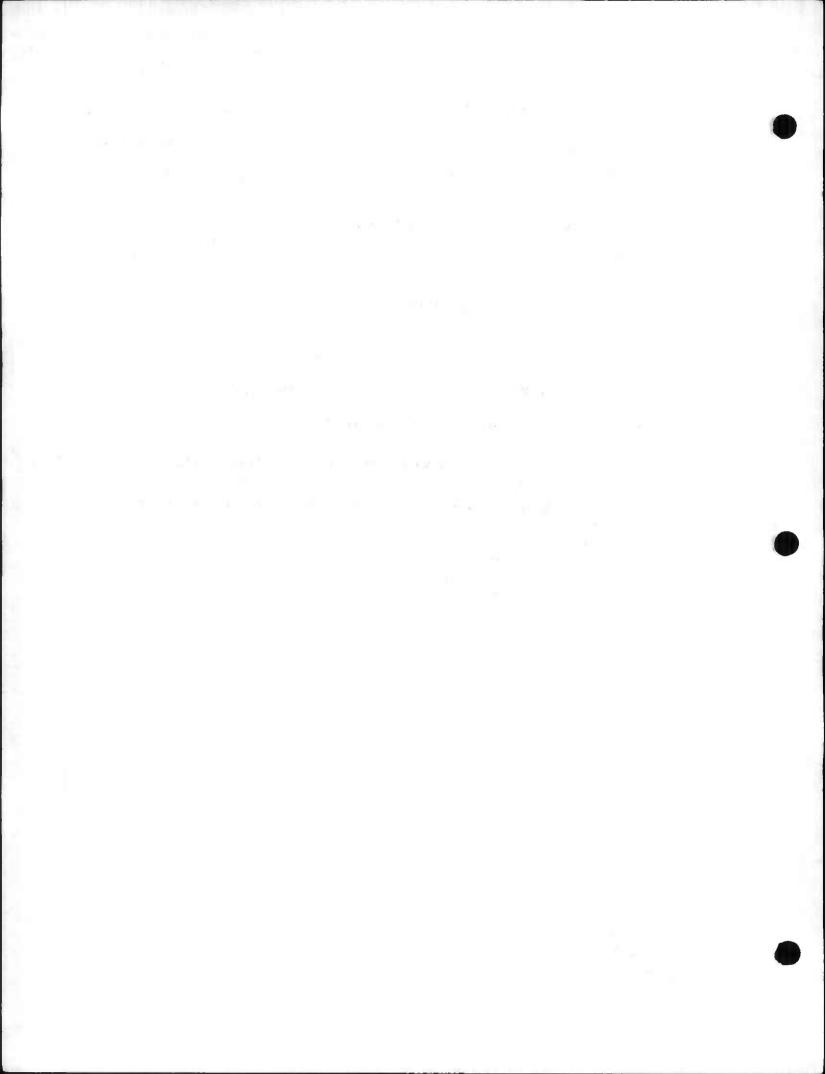
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Hospital

State of Maryland / Department of Health and Mental Hygiene 97 20178

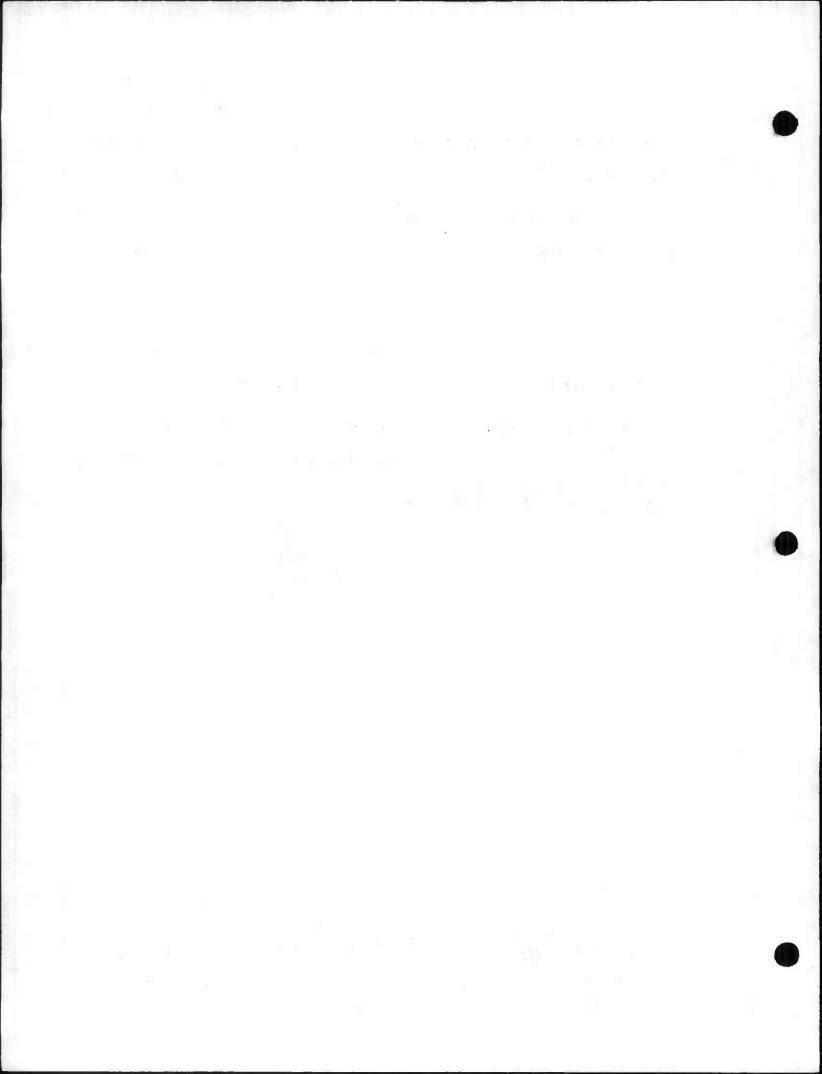
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atter death with the Maryland or items 23e or 28e-f show unliner must be notified at	Director	10e. Straat and Number 10f. Zip Coda				oda		10g. Citizan of \	. Citizan of What Country?		
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TIR 2	Funeral	11. Marital Status		Evar in U,S.			(Specify Yas or No-	14. Rac	e - Amarica	n Indian,	
1 2 2	Ē	1 Navar Married 2 Marriad	Armed Forcas? 1 ☑ Yas 2 □	12. Was Dacedant Evar in U,S. Armed Forcas? 150 Yas, 2 D No.			arto Rican, atc.)	Blac	Black, Whita, atc.		
hours after bursif, or its at Examine	by	3 ☐ Widowad 4 ☐ Divorced	If Yas Give					Specify	Whit	ce	
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s within	E	Elementery/Secondary (0-12)	entery/Secondary (0-12) Collaga (1-4or 5+)			Budget Officer					
be filed flai Hyg d other event,	Be C	17. Fether's Nama (First, Middla, La.	it)		0	Nama (First, Middla,	ath Dey Yaar 7:55 PM 4c. County of Daath Mont comery 1 1 922 Sweden 10d. Insida City Limit 1x Yes 2 N 10g. Citizan of What Country? U.S.A. 14. Race - Amarican Indian, Black, Whita, atc. Specify: White 16b. Kind of Businass/Industry N.I.H. Maidan Sumama) 10c. Carlson 11c. City or Town, State Malexandria, Virginia 11ceral Home Mashington, D.C. 20007 Mare and Daath Mee Carlson Mare and Post Norest, Approximate Interval Batween Onsat and Death Mee Carlson Mare and Post Norest, Approximate Interval Batween Onsat and Death Mee Carlson Mare and Post Norest, Approximate Interval Batween Onsat and Death Mare and Post Norest, Approximate Interval Batween Onsat and Death Mare and Norest				
	To B	Torvald Ric	Torvald Bjorkqvist			Alma			Carlson		
2 should be and Menta a marked humatic ev	-	19e. Informant's Name/Relationship		19b.	Mailing Address (S					Code)	
The series		Ann F. Bergquis			me as ite			, , , , , , , , , , , , , , , , , , , ,		,	
tem 2 Heal other		20a. Mathod of Disposition	c / Wile		Disposition (Name y, crematory or othe		Dete	20c. Location -	City or Tow	m. State	
80=9		1 Burial 2 Cremation 3									
semit. Pa Separtmen mportant: iny injury		4 □ Donation 5 □ Othar (Space		Metrop	olitan Cr		Jun. 13'9/	Alexand	lria,	Virginia	
permit. Pages t ar Department of Hea mportant: If item: any injury or other otics.		21. Signature of Funaral Service Lic	ensaa A		22. Nama and A	Addrass of Facility	DeVol Fur	neral Ho	me		
		1 June	Man		2222 Wis	sconsin Av	re.,N.W. W	Vashingt	on,D.	C. 20007	
		23a. Part Lenter the disease, or co shock, or heart failure. List on	mplications that caused y one cause on each li	tha deeth. Do n	ot entar tha moda o	f dying, such as care	diac or raspiratory ar	rest,	1	Approximeta Interval Batween	
Physiclan	23s. Party Enter the distance, or complications that caused tha deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.									Onsat and Death	
/Medical	Immadiata Causa (Final disaasa or condition rasulting in dath) a. Bronco Pneumenia									weeks	
Examiner		rasulting in daath)		/1-							
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ung ph	Jed	rasulting in death) Last									
ath cer attendir for use			d					1			
death death	Physician/	Part II. Other eignificant conditions	contributing to death b	ut not rasulting In	tha undartying caus	se givan in Part I	23b. Dld t	obacco usa co	ntributa to 1	the cause of death	
that the deled by the a	hys					3					
es that igned b	by P						_			,	
law requires that the as been signed by the 2 should be detache								an autopsy	24b. Wer	e autopsy findings	
v require been si should I	Completed						perfo	rmad?	com	plation of causa	
	du							-/			
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00	2	1 Yes 2 No	1 L Inpatia	ant 2□ER/Ou		4 La Nursin					
Ing F	Certification:	27. Manner of Daath 1 □ Natural 5 □ Panding	28a. Data of Inju (Month, Da	ry 28b. T y Year) Ir		Injury at Work?	28d. Describe h	low injury occur	rea		
or Attending after death. Director: After din by the fune	cat	2 Accidant invastigati 3 Sulcida 6 Could not									
or At after o	툳	4 Homicide datarmina		ury - At homa, fai c. <i>(Specify)</i>	m, straat, factory, o	ffice	281. Location (S City or Tow		per or Rurai	Houta Number,	
To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral											
tosp 4 hou une ety fii	edical										
To the Hospital within 24 hours To the Funeral completely filled		one)	and manner st								
To To	Σ	29b. Signature and 4the of certifier	211	744.00		Icansa number			/ /		
. N		1 popular	pre-	porce		103335	7	6/	13/54	<u>r</u> .	
10		30. Name and addrass of person why	completed causa of c	eath (Item 23a) (Type, Print)					/	
		Lee Jonath	er housh	er m	5530	Wisco	nsin Av	re Ch	un Ch	age box	
Sta	ite	31. Data filed (Month, Day, Year)	32. Ragistr	aris Signatura							
Registr		JUN1	8 1997 >	Fulia David	con-Mandelle						



State of Maryland / Department of Health and Mental Hygiene 97 20170

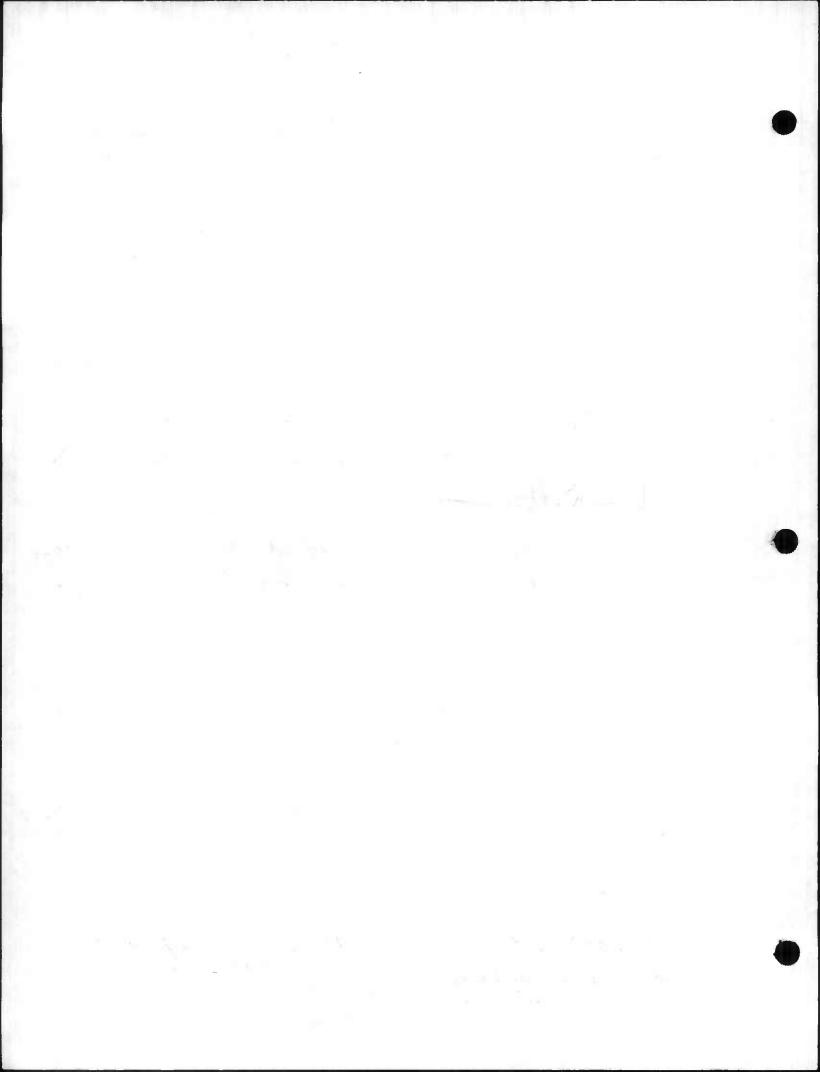
				Ce	rtificate o	f Death	Re	g. No.	· tio		
Physic /Med		1. Decedent's Neme (First, Middle, Last) LOUIS BERLINSKY					2. Dete of Deeth Month JUNE 18	Dey	Year	3. Time of Deeth 1:45PM	
Exam	iner	4e. Fecility Name (If not institution, give				4b. City, Town, or I	ocation of Deeth	4c. County	of Deeth		
		HEBREW HOME OF GI				ROCKVI			IGOME		
Funera Directo		5. Sociel Security Number 6. Se 13 056-01-7034 Usuel Residence of Decedent	7. Age	(In yrs. lest birthday) Yrs.	If Under 1 Yes		8. Date of Birth (Month, Dey, MARCH 15		9. Birthpie Country POLA	ce (Stete or Foreign y) AND	
aryland show id.st		10a. Stete 10b. County		10c. City, Town or Lo	ocation				100	d. Inside City Limits	
M Page	Director	MD MONTGO	OMERY	ROCKV	ILLE					Yes 2□ No	
oth with the M 25s or 28s-f ust be notifis	al Dire	10e. Street end Number 6101 MONTROSE ROA	AD	•	10f. Zip Code	20852	10	g. Citizen of W	het Country SA	y?	
ter dos itsems iner m	by Funeral	11. Maritei Status 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. Wes Decedent E Armed Forces? 1 Yes 2 No. If Yes, Give Year or Detes:	0	Was Decedent o If Yes, specify Co 1 ☐ Yes 2 🙀 N	of Hispanic Origin? (S uban, Mexican, Puert no Specify:	pecify Yes or No- o Rican, etc.)		- American k, White, et		
215-0 Prin 72 %	Completed	15. Decedent's Edi (Specify only highest grad Elementery/Secondery (0-12)		(Give		cupetion ne during most of wor ired)	king	6b. Kind of Bu			
Maryland 21: 02 should be filed with th and Mental Hygiene 7 is merked other tha traumatic event, Eta.	Be	17. Fether's Name (First, Middle, Lest) PHILIP BERLINSKY			TAILOR	18. Mother's Nan	ne (First, Middle, M			FACTURING	
ary shoul mark umark	2	19e. Informent's Name/Relationship (T	ype, Print)	19b. Meili	ng Address (Stre	net end Number or Ru		City or Town,	State, Zip C	code)	
C - 2 00 F		LILLIAN ALTMAN,	DAUGHTER	9206	EWING D	RIVE, BET	HESDA, MD	20817			
Des 1 to He If Hem or offer		20e. Method of Disposition		20b. Pieca of Dispo				Oc. Location -	City or Town	n, State	
iffimo nit. Page artment contant: If injury or in		1 ☐ Buriai 2 X Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify,		MT. COMFO	ORT CREM	IATORY 6	/19/97 A	LEXAND	RIA, V	VA	
Baltimore, permit. Pages 1 a Department of Hee Important: if Item any injury or oths once.		21. Signature of Euneral Servica Licans	11 14	me	2. Name end Ado	dress of Fecility					
Physician		23a Part Enter the disease, or comp shock, or heert feilure. List only o						st,	lr.	Approximete ntervei Between Onset end Deeth	
/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	ISCHE	MIC C	ARDIO quence of):	MYOPA	744		1	5 YEARS	
9 #	Examiner		CORO	NARY	ARTER	24 DIS	EASE				
60, be execut ician and burial-tran	xan	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury									
68760, ficate be en physician is the burial		Cause (Disease or injury that initiated events									
filests d physis as the	Medical	resulting in death) Last									
X 8 9 8			d								
	Physician/	Pert li. Other eignificant conditions con	ntributing to death but	not resulting in the u	nderlying cause	given in Pert I.	23b. Did tob	acco usa con	tribute to ti	he cause of death?	
T the day	by Phy	DEMENT	A, VA	SCULAR			1 🗆 Ye	20 No	3 Probe	bly 4 ☐ Unknow	
cord r requir been s should	Completed						24e. Wes en perform	eutopsy ed?	eveile	a autopsy findings ebie prior to pletion of cause	
I Rec The law ate has be	ошр						1□ Yes	2 No	of de	yes 2□ No	
VITAL lician: The certificate rector, pay	Be C	25. Was case referred to medical				26. Place of Dee	th (Check only one				
Physical Physical of V	To	examiner? 1 ☐ Yes 2 No	lospital: 1 Inpatien	t 2 ER/Outpatier	nt 3 DOA	Other: 4 Nursing H	ome 5 Residen	nce 6 Othe	or (Specify)		
On O		27. Magner of Death 1 (2Natural 5 ☐ Pending	28e. Dete of Injury (Month, Dey	Year) 28b. Time of	28c. In	3c. Injury et Work? 28d. Describe how injury work?					
Attending r death. ector: Alte by the fund	cati	2 Accident investigation 3 Suicide 6 Could not be			M 1	☐ Yes 2 ☐ No					
That or At in other hat Direct led in by	Certification:	4 ☐ Homicide 28e. Pleca of Injury - At home, ferm, street, fectory, office building, etc. (Specify)						Location (Street end Number or Rural Route Number, City or Town, Stete)			
DIVISIO To the Hospital or Attends within 24 hours after death To the Funeral Director: A completely illed in by the fi	edical	(Check only one) Cartifying Physical Exami	nician: To the best of ner: On the besis of e end manner state	exeminetion end/or inved.	vestigetion, in my	opinion, deeth occur	end due to the ceu rred et the time, dat	use(s) end mer te end piace, a	nner as stet ind due to th	ed. ne cause(s)	
P P P P P P P P P P P P P P P P P P P	M	29b. Signature and title-of compiler	Atten	ding Physic	gan)/	son se number		d. Date signed UNE /			
		30. Neme and address of person who co	empleted cause of dec	eth (Item 23e) (Type,	Print)	0	N	-	1		
		D.D. PATEL	, N.D. 612	1 MONTRO	SE RD	ROCKVI	LLE, M.	200	852		

State Registrar



State of Maryland / Department of Health and Mental Hygiene 97 20180

					Ce	ertificate of	Death		Reg. No.	1	20100
F	Physic	ian	Decedent's Nama (First, Middla, I					2. Data of De	ath	Year	3. Tima of Death
	/Medi		MORRIS		ERLIN			JUNE		.997	9:45am
	Exami	ner	HEBREW HOME OF GREATER WASHINGTON ROCK						MONT	4c. County of Death MONTGOMERY	
	Funerai Director		5. Social Security Number 6. 579 42 6678 Usual Residence of Decedant	AND ALDE	n yrs. last birthday 95 Yrs.	Months Deys		8. Data of Bir Month, Da APR. 2	th Yaar) 1902	9. Birthp Cour POI	olece (Stata or Foreign http:/ LAND
	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Heath and Mantal Hygiane. Department of Heath and Mantal Hygiane. By Injury or other treumstic event, the Medical Experiment to notified at page.	ctor	MARYLAND 10b. County MONT	GOMERY	ROCKVIL					1	10d. Inside City Limits 1 ☐ Yas 2 ☐ No
de delicitation de		Funeral Director	10e. Street and Number 6121 MONTROSE RO			10f. Zip Coda 20815			10g. Citizan of What Country? U.S.A.		
ישטטר		by	11. Marital Status 1 □ Navar Marriad 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. Was Decedent Eve Armed Forces? 1 ☐ Yas 2 ☒ No if Yas, Giva Yaar or Datas:	r in U,S. 13.	Was Dacedant of If Yas, specify Cub 1 ☐ Yas 2 ☒ No	Hispanic Origin? (Sp en, Maxican, Puerto Specify:	ecify Yas or No Rican, atc.)	14. Rad Bla Specify	ck, Whita,	
4 12 13-0020		Completed	15. Decedant's (Specify only highast g Elementary/Secondary (0-12)	Education rade complatad) Collega (1-4or 5+)			pation during most of worked)	king	16b. Kind of B		
Mar yiailu 2		To Be Co	-12- 17. Fathar's Name (First, Middla, Las JOSEPH BERLIN HA	•		MERCHANT	18. Mothar's Nam SARA MIL		GROCER Maiden Surnan		DRE
2 5			19a. Informant's Neme/Ralationship KURT BERLIN/NEPH		19b. Mail 6261	ing Addrass (Straa CLEARWOO	t and Number or Rui DD RD. BE	THESDA,	er, City or Town, MD. 2	, Stata, Zip 20817	Coda)
mit Page 1 s			20a. Nethod of Disposition 1 Burial 2 Cramation 3 4 Donation 5 Other (Spec	Ramoval from Stata		osition (Nama of amatory or other pla ID MEM. (UNE 12	FALLS		OWN, Stata
	Departmer important: any injury pncs.		21-Signature of Funaral Sarvious	ensolo			SON FOUNERA SHINGTON S			H, V/	A. 22046
	hysician /Medical xaminer	ər	23a. Part 1. Entar tha disaasa, or conshock, or heart failura. List only immediate Ceusa (Final disaasa or condition rasulting in death)	a. Carebra Due						1	Approximate Intarval Batween Onset and Deeth Odcay
adificate be executed	ne law requires that the beath certificate be executed at the beat signed by the attending physician and baga 2 should be detached for use as the burial-transit	Medical Examiner	Sequantially list conditions, if any, leading to Immediata cause. Entar Underlying Causa (Disease or Injury that initiated evants rasulting in death) Last	c.	a to (or as a conse	quance of):	novey	tulan	orgens	0 1	year
e death cert		Physician/	Part II. Other significant conditions	contributing to death but no	ot rasulting in the u	undarlying causa gi	23b. Did 1	Did tobacco use contribute to the cause of death?			
as that the	igned by the be detached	by	Parkensons	in with	doma	ntia		10	Yes 2□ No	3 ☐ Prot	bably 4 Unknow
Physician: The law recuires th		Completed							an autopsy rmed?	COL	are eutopsy findings allabla prior to mpletion of causa death?
The								10	ras 2 No	10	Yas 2□ No
Physician:	certificate irector, pag	o Be	25. Wes casa rafarred to medical axaminer?	Hospital:		Ott	26. Pleca of Daat				
Idina Phy	Attending Physic death. ector: After this by the funeral di	 -	1 Yas 22 No 27. Mennar of Death 1 Natural 5 Panding 2 Accident invastigation	28a. Data of Injury (Month, Day Ye	2 ER/Outpatie 28b. Time o Injury	of 28c. Inju	Nursing Ho		danca 6 DOth now injury occur		1)
		Certification:	3 ☐ Suicida 6 ☐ Could not 4 ☐ Homicide datarmined		At homa, farm, st pecify)	reet, factory, office		28f. Location (\$ City or Tov		per or Rura	il Routa Number,
he Hospit		edical	29a. Certifiar (Check only one) 1 Certifying P 2 Medical Exa	nysician: To the best of my minar: On the basis of axe end mannar stated.	y knowledga, daat mination and/or in	h occurred at tha tid evastigation, in my o	ma, data and place, opinion, daath occurr	and due to the red at the time,	causa(s) and ma date and placa,	innar as st and dua to	ated. tha causa(s)
Tot		Σ	29b. Signetura and titla of certifiar Buddel 30, Name and addrass of person who	MD		D 23			29d. Data signe	d (Month,)	Day, Year)
			PSOURTON 1 100000000	Kels KOLA	VII Le.	MD 21	I.Fe	lobmai	, MD		
	Sta Registr	te ar	31. Data filed (Month, Day, Year)	1997 32. Regispar's	Signature Davidson 7	Pandalle.					

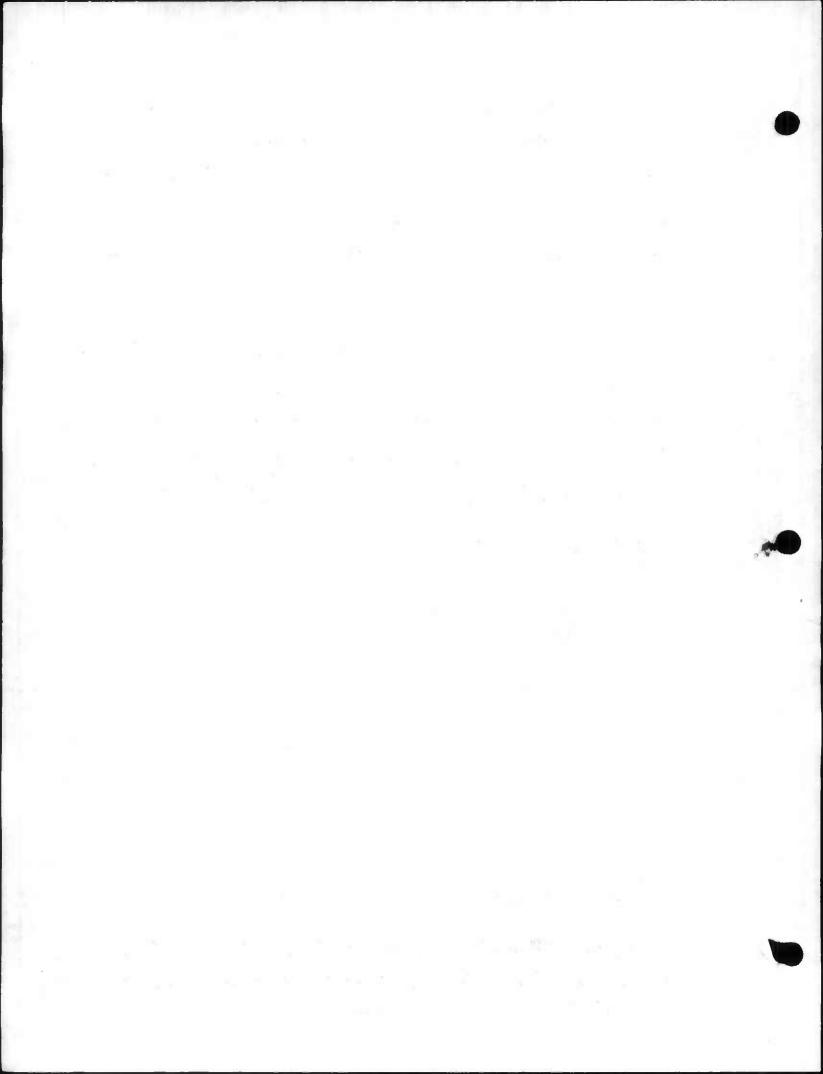


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

20181

	_						Cei	uncate o	Deall	1		Reg. No.		
Physicia		Decedent's Nem		e. Last) Curtiss	Be1cl	her, Sr					2. Dete of E Month	Dey 18, 1	Yeer	3. Time of Death 7:50 PM
/Medic Examin		4e. Fecility Neme (If not institution	n, give street end i							ocation of Dec	eth 4c. Cou	inty of Deeth	1
		5. Social Security N		6. Sex	7 Age	(In yrs. last bii	rth days)	If Under 1 Yea		kvil. r24 Hrs.	_		ntgom	
Funeral Director		405-38-8 Usuel Residence of	627	1 🖾 M 2 🗆 F			Yrs.	Months Dey		Min.	8. Dete of B (Month, L Janua)	ry 3,19	32 K	plece (Stete or Foreign intry) entucky
ylend w #		10e. Stete	10b. County			10c. City, Tow	n or Loc	cation						10d. Inside City Limits
Mar	to	Maryland	Mont	gomery		R	ockv	/ille						1X Yes 2 □ No
with the Marylences or 28a-f show	ře	10e. Street end Nur	mber					10f. Zip Code				10g. Citizen	of What Cou	intry?
th will	<u>a</u>	1614 Far	ragut .	Avenue				20851				Unite	d Stai	tes
0 5	y Funeral Director	11. Marital Status		ied 1 XYes	Forces? s 2 □ N	0		Ves Decedent of Yes, specify Cu			ecify Yes or N Rican, etc.)		Rece - Amer Bleck, White	
natural',	d by	3 Widowed	4 Divorcad	Yeer or	Detes: K	Korea			o opecity	<u> </u>		Spe	ocity: WI	nite
neth	Be Completed	(Spec	15. Decedent ify only highes	t's Educetion at grede completed	d)	16e.	(Give k	ent's Usuel Occ kind of work don	e durina mo:	st of work	ing		f Business/li	ndustry
ther than	d m	Elementary/Seco	ndery (0-12)	College 4	(1-4or 5-			O NOT use retii			f Law	Burea		. Ammon1-
other vent, tr	ပို	17. Fether's Neme	First, Middle.			AS	SISU	ant to			dge	e, Maiden Sun		Appeals
Important: If Item 27 is marked other any injury or other traumatic event, once.	To Be	Crit	Be1ch	er					C	armeı	n Loone	ey .		
7 is marked of traumatic eve		19e. Informant's Na Barbara						Address (Street						
am 27 i	-	20e. Method of Disp		r / wile				arragut		ue, i	Dete			
10 TO		Burial 2	Cremetion	3 Removel from	m Stete		-	ltion (Name of etory or other p					on - City or T	
important: If its any injury or of once.	-	4 ☐ Donetion 21. Signeture of Fu				Wilson		metery				Draffi		
any ir		Mich	ele (P. Kull	00348	Ro	ckville	, Inc	. , 30	00 W. N	lontgom	rey Fu	neral Home venue,	
sician ledical		23a. Part1. Enter the shock, or heed shock, or heed shock. Immediate Cause (disease or conditions)	Finel	only one ceuse on	eech line	Э.		r the mode of dy			or respiretory	errest,		Approximete Intervel Between Onset end Deeth
aminer	- E	resulting in deeth)						ience of):			1101	10		2 wks
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ending physician end use es the buriel-transit	an/medical	Sequentially list cor if eny, leeding to Im- ceuse. Enter Under Cause (Diseese or I that initiated events resulting In deeth) L	riying Injury .est	c	D	ue to (or es e c	onsequ	ence of):						
tending or use es	anyme			d									1	
the ette	300	Pert II. Other signifi	cant condition	ns contributing to	death but	not resulting In	the und	derlying ceuse g	iven In Pert	l.	23b. Dio	tobecco use	contribute t	o the cause of death?
signed by the etter	y ruysicia										1/2	Yee 2□N	o 3□ Pro	bably 4 Unknown
s been 2 shoul											24e. Wes en eutopsy performed?			dere eutopsy findings reilable prior to empletion of ceuse death?
pege	5										10	Yes 20 No	1	□Yes 200No
director, per		25. Was case referr	ed to medicel						26. Pleci	of Death	(Check only	one)		
0 0	0	1 Yes 2	No	Hospitel: 1	Inpatient	t 2 ER/Out	tpatient	3□ DOA O	hor:	ursing Ho		Idence 6 🗆	Other (Speci	fy)
mera transfer transfe		27. Manner of Deeth 1 StNaturel 2 □ Accident	5 Pending		of tnjury onth, Dey		ime of njury	28c. Inju			-	how Injury occ	-	,,
al Director: After t		3 ☐ Sulcide 4 ☐ HomicIde	6 Could n determi	ned 288. Piec	e of Injury ding, etc.	y - At home, fer (Specify)	m, stree	et, fectory, office				(Street end Nu wn, State)	m <i>ber or R</i> un	al Route Number,
To the Funeral Director: A completely filled in by the to		29a. Certifier (Check only one)	Certifying	Physician: To the kaminer: On the bend med	e best of besis of e		deeth o	occurred et the testigetion, in my	ime, dete en oplnion, dee	d plece, a	and due to the ed et the time,	ceuse(s) end date and pled	manner es s e, end due t	steted. o the ceuse(s)
Toth	-	29b. Signeture end t	itle of certifier	2	V			29c. Licen	se number			29d. Date sig	ned (Month,	Dey, Year)
11		Cirle	ne G	Jora	ste	ere,	mi	D	25	77	3	6/1	9/9:	7
		ARLEN	JE A	no completed ceu	2571	ERE	Mi) 600 i	V. WC	LFE	-57,	BALT	mak	E, MD
State Registrar		31. Dete filed (Monti	JUN2	0 1997 32.	Registrar,	Signature La Davidso	n-78	mobile						2128+



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nema (First, Middla, Last) 2. Date of Death 3 Time of Death **Physician** Month Floyd Marshall Bartholow 1997 June 14 7:30 AM /Medical 4e. Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 112 Old Bonifant Road Silver Spring Montgomery 8. Date of Birth (Month, Day, Year) 9. Birthpiece Country)
Aug. 26, 1930 Maryland If Undar 1 Year | If Under 24 Hrs. Months | Days | Hours | Min. 5. Sociel Security Number 7. Aga (In yrs. last birthday) Birthplace (Stata or Foraign
Country) **Funeral** 1⊠M 2□ F Yrs 215-26-7928 66 Director Usual Residance of Decedent with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Show tem 27 is marked other than "naturel", or frems 23a or 28a-f show other traumatic avent, the Medical Examiner must be notified at 1 ☐ Yas 2 ☑ No Director Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 112 Old Bonifant Road 20905 permit. Pages 1 and 2 should be filed within 72 hours efter death a Department of Health end Mental Hygiene. Important: if item 27 is merked other than "netures", or items 28s eny injury or other traumetic avant Funeral USA 12. Was Decedant Evar in U,S. Armed Forcas? Was Decedant of Hispenic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - Amarican Indien, Bleck, Whita, atc. 1 ☐ Yas 2 ☒ No If Yas, Give Yaar or Datas: 1 ☐ Nevar Marriad 2 🖾 Merried 1 ☐ Yas 2K No þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decadant's Education (Specify only highest grada complated) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Collega (1-4or 5+) 12 Mechanic Automobile 17. Fethar's Nama (First, Middle, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Carl Ellsworth Bartholow Laura McCaulev 19a. Informant's Name/Ralationship (Typa, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Margaret June Bartholow /Wife 112 Old Bonifant Road, Silver Spring, Maryland 20905 20b. Place of Disposition (Name of camatary, cramatory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Data 1 ☑ Burial 2 ☐ Crema 3 Ramoval from Stata Parklawn Memorial Park 6/18/97 Rockville, Maryland 4 Donation 5 Denity) 21. Signature of Funyfal Service Licensee 22. Nama end Address of Facility Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland 20904 into the ciseesa, or complications that caused tha daath. Do not enter tha moda of dying, such as cardiac or raspiretory arrast, in hear failure. List only ona cause on eech lina. Approximata Interval Batween Onsat and Daath **Physician** 18 manths /Medical Immadiata Causa (Final CANCER Lun G disaasa or condition resulting in death) Examiner Due to (or es a consequance of): Examiner The lew requires that the death certificate be executed bunal-transit Sequentially list conditions, if any, leading to Immadiata cause. Enter Undarlying Causa (Diseasa or Injury that initieted avants resulting In daath) Last Dua to (or es a consaquance of): and P.O. Box 68760, physician Physician/Medical the Due to (or as a consequence of): detached for use es Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part i. 23b. Did tobecco usa contributs to the causs of death? the funeral director, page 2 should be detact 15 798 2 No 3 Probably 4 Unknown Records, þ 24b. Wara autopsy findings aveilable prior to complation of cause of death? Completed 24a. Was an autopsy performed? 1 Tas 200 No 2 No Division of Vital or Attending Physician: Be 25. Was casa rafarrad to madical 26. Place of Deeth (Check only ona) examiner? Hospital: Othar: 4 ☐ Nursing Homa 5 ☐ Rasidance 6 ☐ Other (Specify) 2 1 Yas 2 0 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) Certification: 27. Manner of Death 28d. Describe how injury occurred 28b. Tima of 28c. Injury at Work? 1. Natural 5 Panding Invastigation efter death. 1 ☐ Yas 2 ☐ No 2 Accident the 6 Could not be daterminad 3 Suicida 28f. Location (Street end Number or Rural Route Number, City or Town, State) in by 26a. Place of Injury - At homa, farm, streat, factory, office building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours eft To the Funeral Dis completely filled in 29a, Certifian Cartifying Physician: To the best of my knowladge, deeth occurred at tha tima, data and place, and due to the cause(s) end mannar as stated. Medical (Check only one) 2 Medical Examiner: On the basis of exemination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end manner stated. 29b. Signature and ti 29d. Data signad (Month, Day, Year) 29c. Licensa number M 9

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32. Registrar's Signature

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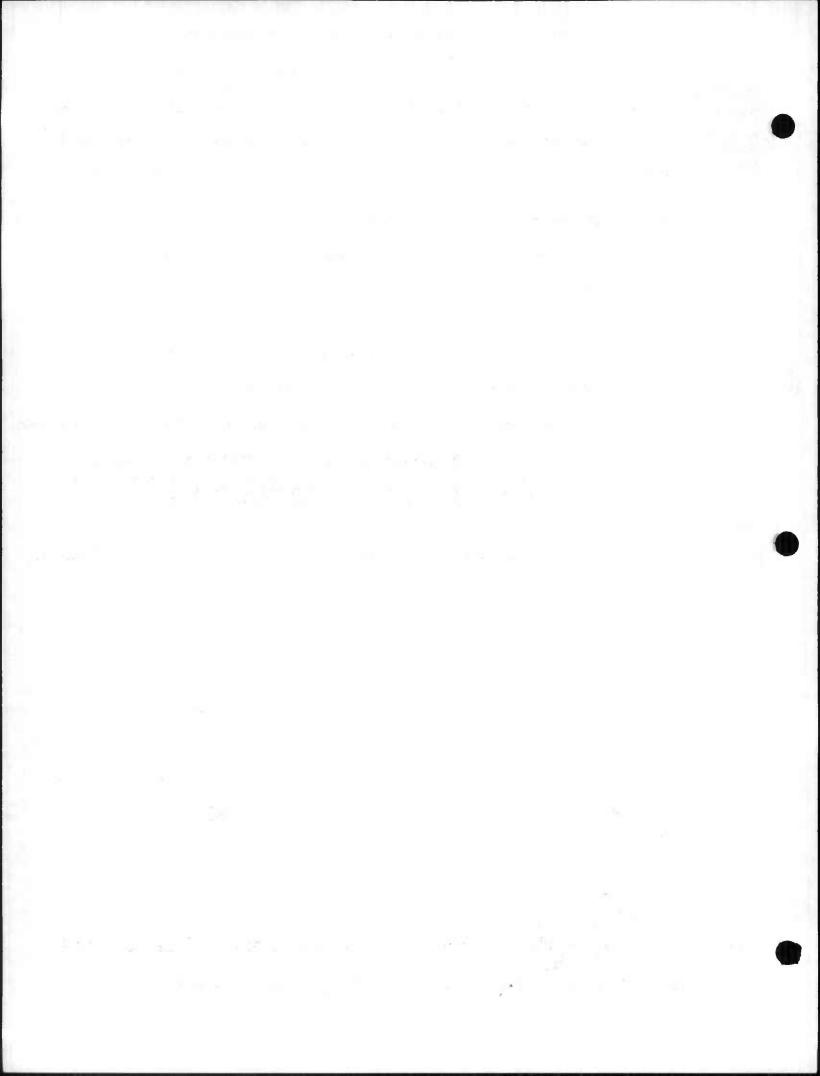
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State of Maryland / Department of Health and Mental Hygiene 07

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21215-0020	within 72 hours after death with the Maryland one, than "natural", or itema 23s or 28s-f show he Medical Examiner must be notified at	þ	1 Nevar Married 2 Married 3 Widowed 4 Divorced	1 ☐ Yes 2 🌠 No If Yas, Giva Yaar or Dates:		1 □ Yes 2 💢 I			Specif		LACK
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			23a. Part 1. Entar tha disaasa, or co- shock, or haart feilura. List onl	mplicetions that ceused thad y ona causa on each line.	eath. Do not a	ntar tha mode of	dying, such es card	iac or respiratory	arrast,		Approximeta Intarvai Batween
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. Box	death ce a sttendi d for use	Physician/	Part ii. Other significant conditions	contributing to death but not	rasulting in the	underlying cause	given in Pert I	23b. Did	tobacco use co	ontribute to	o the cause of death
Ö	t the	hys	•						Yes 2 No		bably 4 Unknow
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000	> AJ (3)	plet						-	ioiiiied i	CO	emplation of cause death?
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ā	a or a saft	Certification:	4 Difformeroa	bullding, etc. (Spe	вспу)			Only or 1	JWII, Stata)		
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	-01	ate	11701 LIVINGSTON 31. Data flied (Month, Day, Year)				INGIUN, M	MALLAND	20/44		
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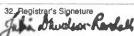
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State of Maryland / Department of Health and Mental Hygiene 20184 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Dey 15, 1997 7:50 pm Martha Howell Bowden June /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 910 Amer Drive Fort Washington Prince George If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (in yrs. lest birthday) Birthpleca (Stete or Foreign Country) **Funeral** 1□ M 2 F Deys 84 Yrs. Director 056-16-4136 Georgia Usuel Residence of Dacedent the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. fnside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at 1 ☐ Yes 2 ☐ No Director Prince George Fort Washington 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? with 910 Amer Drive items 23s U.S.A. Funeral e filed within 72 hours after death si Hygiene. other than "natural", or items 23 20744 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ② No If Yes, Give Yeer or Detes: 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 11. Meritel Status 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify: Black by 3 X Widowed 4 □ Divorced Completed 15. Decedant's Education (Specify only highest grade completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry than " Elementery/Secondery (0-12) 12th College (1-4or 5+) Receptionist Cancer Society permit. Pages 1 and 2 should be file Department of Health and Mentel Hy Important: If Item 27 is marked other any injury or other traumatic event, since. 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be 20 John Howell Lena Waters 19e. Informant's Neme/Raietionship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, Stata, Zip Code) Mary Campbell, Niece 910 Amer Drive Fort Wash., MD 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Buriel 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 6/21/97 Jamaica, N.Y. Pinelawn Cemetery 21. Signeture of Fupera Service Licen 22. Name end Address of Fecility Hall Brothers Funeral Home William O. Ables 621 Florida Avenue, N.W. Wash., D.C. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or haert feilure. List only one cause on each line. Approximate Intervel Between Onset and Deeth **Physician** /Medical Immedieta Cause (Finei disease or condition resulting in deeth) Cardiopulmonary Arrest Examiner Due to (or es e consaquance of): Examiner Metastatic Cancer to the Brain The law requires that the death certificets be executed physician and the buriel-transit Sequentially list conditions, if eny, leeding to immediata cause. Enter Underlying Cause (Disaasa or Injury that initiated events resulting In deeth) Lest Dua to (or as a consequenca of): Box 68760. Physician/Medicai Due to (or es e consequenca of): Pert ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert i. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings aveilable prior to completion of cause of deeth? 24e. Wes en eutopsy performed? Completed certificate 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No Physician: 25. Wes case refarred to medical exeminer? Be 26. Placa of Deeth (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☒ Residence 6 ☐ Other (Specify) 1 ☐ Yes 2 No 2 funeral 27. Mennar of Death 1 Neturel ne Hospital or Attending Ph n 24 hours after daeth. The Funeral Director: After the 28a. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28d. Dascribe how Injury occurred Certification: 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident the 6 Could not be determined 3 ☐ Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28a. Place of Injury - At home, ferm, streat, factory, office building, etc. (Specify) filled in by 4 Homlcide 29a. Cartifier 1 🖄 Certifying Phyeician: To tha bast of my knowledge, daeth occurred at tha time, dete end plece, end dua to the ceusa(s) and mannar as stated. To the Hosp ithin 24 ho To the Fune Medicai 2 Medical Examiner: On the basis of axamination end/or investigetion, in my opinion, death occurred at the time, data end place, end due to the cause(s) end menner steted. (Check only one) 29b. Signeture and title of cartifier 29c. License number 29d. Date signed (Month, Dey, Year) 6/17/97 m A 30. Neme end eddrass of person who complated cause of deeth (Item 23e) (Typa, Print) Smith, M.D. 1328 Southern Avenue, S.E. Barry Wash., D.C. 20032

State Registrar 31. Data filad (Month, Day, Year)

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 20185 Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Dete of Deeth 3. Time of Death June 15, 1997 ELIZA BETH BYRD LEE 3:51 AM 4e. Fecility Nama (If not institution, giva street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Doctors Community Hospital Lanham Prince George's If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 9. Birthplece (State or Foreign Months Deys Hours Min. March 27,1908 North Carolina 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 1□M 2XF Months 89 579-46-6097 Usuel Residence of Decedent 10b. County 10c, City, Town or Location 10d. Inside City Limits Maryland Prince George's 1X Yas 2 No Landover 10e. Street end Number 10f. Zip Code 10g. Citizan of Whet Country? 7207 Drury Court 20785 U.S.A. 12. Wes Decedent Ever In U,S. Armed Forces? 11. Maritel Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuben, Mexican, Puarto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Yes 2 X No If Yes, Give Yeer or Detes: 1 ☐ Never Merried 2 ☐ Married Black 1 ☐ Yes 2 No Specify: Specify: 3 ₺ Widowed 4 Divorcad 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Housewife Private 9th 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Thomas McNeil Agnes McNeil 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Maxine L. Thomas/Daughter 7207 Drury Court, Landover, Maryland 20785 20b. Pleca of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stata 06720 1 Buria! 2 □ Cremation 3 □ Removel from Steta 4 ☐ Donation 5 ☐ Other (Specify) Harmony Memorial Park 1997 Landover, Maryland 21. Signeture of Funeral Servica Licensee 22. Neme end Addrass of Fecility J. B. JENKINS FUNERAL HOME 7474 Landover Road, Landover, Maryland 20785 Rencentre 23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximete Intervel Between Onset end Deeth · CARDIOPULMONARY ARREST Immediate Ceuse (Final diseese or condition resulting in deeth) Due to (or es e consequence of): HEART FAILURE -6 MONTH CONGESTIVE Due to (or es a consequença of) Dua to (or es e consequence of): 23b. Did tobacco usa contributa to the cause of death? 1 Yas 2 No 3 Probably 4 Nunknown

Physician /Medical Examiner

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After this

** Hospital or An.

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To the Hospital of within 24 hours a To the Funeral D

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Certification:

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29a, Certifier

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P.O. Box 68760,

Records,

Division of Vital Attanding Physician: Important: If Item 27 is any injury or other tri

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Physician

/Medical

Examiner

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7 is marked other than "natural", or items 23s or 28a-f show traumatic event, the Medical Examiner must be notified at

with the Maryland

Examiner Sequentially list conditions, if any, leeding to Immadiate cause. Enter Underlying Ceuse (Diseese or injury that initieted events resulting in death) Lest Physician/Medical

Pert II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert i.

24e. Wes an autopsy performed?

24b. Were eutopsy tindings aveilable prior to completion of cause of death?

1 Yes

1 ☐ Yas 2 ☐ No

25. Wes case referred to medical 26. Place of Death (Check only one) Hospitel: 1 Inpatient 2 ER/Outpetlent 3 DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Yes 2 No

27. Manner of Death 5 Pending investigation 2 Accident

28e. Dete of Injury (Month, Day Year)

28b. Tima of 28c. Injury et Work? 28d. Describe how injury occurred

1 Yes 2 No

6 Could not be determined Piece of Injury - At home, farm, street, factory, office building, etc. (Specify)

28f. Location (Street end Number or Rural Route Number, City or Town, Stete) Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end manner as stated.

(Check only one) on the basis of exeminetion end/or investigation, In my opinion, deeth occurred at the time, date and place, and due to the cause(s) 29b. Signeture end

29c. License number D-29097 29d. Date signed (Month, Day, Yaar)

of person who completed cause of deeth (Item 23e) (Type, Print)

MITCHFLLVILLE ROAD # 103 30. Neme end edd? 3060,

State Registrar

31. Dete filed (Month, Dey, Year) 32 Registrar's Signature JUN 17 199

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** Month Victoria Rae Brown 1997 4:20 PM. June /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner St. Mary's Hosptial Leonardtown St. Mary's If Under 1 Year | If Under 24 Hrs. Months Days Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplece (Stata or Foreign Country) **Funeral** Months 1□M 2√√ Yrs. Director N/A N/A 30 June 18, 1997 Maryland Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours effer deeth with the Maryland Department of Health and Mental Hygiane. Important: If Item 27 is marked other than "natural", or flems 23a or 28a-f ahromany Injury or other traumatic avant 10a. Stete 10b. County 10c. City, Town or Location 10d. inside City Limits Directo 1 Yas XXNo Maryland St. Mary's Lexington Park 10e. Street and Number 10f. Zip Coda 10g. Citizen of Whal Country? 20653 22301 Three Notch Road by Funeral United States 12. Was Decedent Evar in U,S. Armed Forces? Wes Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, Whita, etc. 1 ☐ Yes 2 X No If Yes, Giva Yaar or Detes: 1 Nevar Married 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 Who Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highast greda completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Coilege (1-4or 5+) N/A Never Worked N/A 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Valerie Renee Hunt Jeffrey David Brown 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 22301 Three Notch Road, Lexington Park, Md 20653 Jeffrey D. Brown (FATHER) 20b. Place of Disposition (Name of cametery, crametery or other place) June 23, 04997 20e. Method of Disposition 20c. Location - City or Town, Stete DOBurial 2 Cramation 3 Ramoval from Stete 4 ☐ Donation 5 ☐ Other (Specify) Washington National Cemetery Suitland, Maryland 22. Nama and Address of Facility Lee Funeral Home, Inc 6633 Old 21. Signeture of Funerel Sarvica Licansee Alexandria Ferry Rd, Clinton, Md 20735 23a. Pert1. Enter the disaase, or complications that caused the death. Do not enter the moda of dying, such es cerdiec or raspiratory arrest, shock, or heer feilure. List only one ceuse on eech line. **Physician** Immediete Cause (Finel disease or condition resulting In deeth) /Medical **Examiner** Examiner or Attending Physician: The lew requires that the death certificate be executed after death.

Director: After this cartificate has been signed by the attending physician and Sequentielly list conditions, if eny, leeding to immediata ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last and B FEMALE BROWN Division of Vital Records, P.O. Box 68760, physician Physician/Medical signed by the attending d be detached for use as Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 to Unknown þ should I 24b. Were autopsy findings aveilable prior to complation of cause of death? Completed 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yes 2 ☐ No Be 25. Wes cese referred to medical exeminer? 28. Piace of Deeth (Check only one) Other: 4 Nursing Home 5 Rasidence 6 Other (Specify) Certification: To 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28b. Time of 28e. Dete of Injury (Month, Dey Yeer) 28c. Injury et Work? 28d. Describe how Injury occurred 1 X Naturel 5 Pending To the Hospital or Attending within 24 hours after death.

To the Funeral Director: Aft completely filled in by the fu 1 □ Yas 2 □ No Investigetion 2 Accident 6 Could not be determined 3 Sulcide 28e. Plece of injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 4 Homicide 1 Acartifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, end due to the ceuse(s) end menner es steted.

2 Madical Exeminar: On the basis of exemination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) end menner stated. Medical 29e. Certifier (Check only one) 29b. Signature end title of certifiar 29c. Licensa number 29d. Data signed (Month, Day, Yaar) 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) JOSEPH F. BOWES M.D.
31. Dete flied (Month, Day, Yeer) LEONARDTOWN, MD. 20650 32. Registry's Signature.
7. Julia Shudson-Rardall State

DHMH 16 Rav 6/95

State of Maryland / Department of Health and Mental Hygiene

3. Time of Death

10d. Inside City Limits

XXves 2 No

6:05 AM

Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death Day **Physician** JUNE 16 1997 ar CALLAHAN HELEN COUNCELL /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not institution, give street and number) 4c. County of Death Examiner THE MEMORIAL HOSPITAL EASTON TALBOT Hours Min. 8. Date of Birth (Month, Day, Year) OCT.12, 1927 If Under 1 Year 5. Social Security Number 7. Aga (In yrs. last birthday) 9. Birthplace (Stata or Foraign **Funeral** Days 1□M 2€X 69 MARYLAND 213-24-2615 Yrs Director Usual Residance of Decedant the Maryland 10a State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f ahow treumstic event, the Medical Experienc must be notified at MD TALBOT EASTON Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21601 211 IDLEWILD AVENUE USA death Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yas 2 ②No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours effert Depertment of Heelth and Mental Hygiene. If item 27 is merked other than "natural" or insert in the statement. 1 Never Married 274 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: WHITE þ 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) during most of working Elementary/Secondary (0-12) Coilege (1-4or 5+) TALBOT COUNTY SCHOOL BUS DRIVER 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) BERNARD COUNCELL HENRIETTA PYPER 2 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) WARREN V. CALLAHAN/HUSBAND 211 IDLEWILD AVENUE, EASTON, MD 21601 20b. Place of Disposition (Name of cemetery, crematory or other p 20a. Method of Disposition 20c. Location - City or Town, State 1 N Burlai 2 □ Cramation 3 □ Ramoval from State ST. JOSEPH CEMETERY 6-19-97 CORDOVA, MD 21625 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Servica Licensee 22. Name and Address of Facility
FELLOWS, HELFENBEIN & NEWNAM FUNERAL HOME 200 S. HARRISON ST., EASTON, MD JOHN R. MERCERON 23a. Part1. Enter the disease, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final LUNG CANZER - METASTATIC disease or condition resulting in death) Examiner Examiner

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in death) Last

MO CARDIOPULMONARY 10 yeur Due to (or as a consequence of) Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death?

1 ■Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of cause of death?

21601

Approximate Interval Between Onset and Death

1 Yas 21 No 1 ☐ Yes 2 ☐ No

25. Was case referred to medical 1 Yes 2 No

DIABETES

HYPERTENSION

5 Pending

investigation

Hospital: 1 Impatient 28a. Date of Injury (Month, Day Year)

2 ER/Outpatient 3 DOA 28b. Time of

Other: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) 28c. Injury at Work? 1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

6 Could not be determined 3 Suicide Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

29a. Certifier

27. Manner of Death

1 Naturai

2 Accidant

1 Certifying Physician: To the best of my knowledge, death occurred et the time, date and placa, and due to the cause(s) and manner as stated.
2 Medicat Examiner: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29c. License number

26. Plece of Death (Check only one)

295. Signature at

29d. Date signed (Month, Day, Year)

30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

JR DO 403 MARVEL CT, EASTON MD 21601 ONDIT 31. Dete filed (Month, Day, Year) 32. Registrar's Signature

State Registrar

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Physician/Medical

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Completed

Be

2

Certification:

Medical

physician s the buriel

signed by

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page 2 hes

certificete

To the Hospital or Attending Physician: within 24 hours after death.

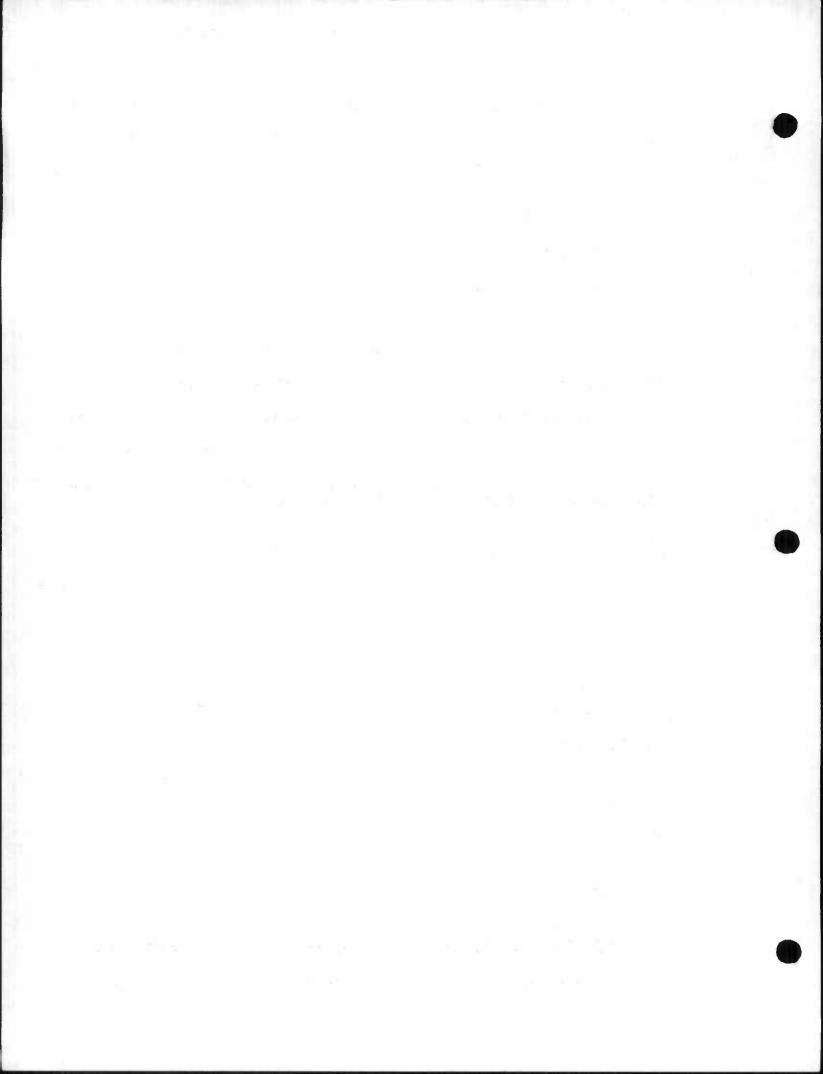
To the Funeral Director: After this certified completely filled in by the funeral director, i

P.O. Box 68760,

Records,

Division of Vital

JUN 17



State of Maryland / Department of Health and Mental Hygiene

20188 Certificate of Death 1. Decedent's Name (First, Middla, Last) 2. Date of Death 3. Tima of Death Day **Physician** Month Colton Joel Stanley 1997 June 16 5:35 AM /Medical 4a. Facility Name (If not Institution, giva straat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 304 Prelude Drive Silver Spring Montgomery If Under 24 Hrs. 8. Dafe of Birth (Month, Day, Year) If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) Birthpiaca (State or Foreign Country) **Funeral** Days TIXM 2DF 578-58-2041 Vre 51 Director July 10, 1945 Washington, D.C. Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. inside City Limits the Marylar 7 is marked other than "natural", or items 33s or 28e-f show traumetic event, the Medical Examinar must be notified at 1 ☐ Yes 2 ☑ No Director Maryland Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 304 Prelude Drive 20901 USA Funeral Was Decedent Ever in U.S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11, Marital Status 14. Raca - American Indian, Black, White, etc. is 1 and 2 should be filed within 72 hours after if Health and Mental Hygiene.
Rom 27 is marked other than "natural", or its 1 ☐ Yes 2 🕱 No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: þ Specify: White 3 □ Widowed 4 □ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry College (1-4or 5+) Elementary/Secondary (0-12) Physiologist Entrepeneur 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Max L. Colton 0 Helen Cohen 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Carol A. Colton / Wife 304 Prelude Drive, Silver Spring, Maryland 20901 20b. Placa of Disposition (Nama of comatary, cramatory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State Date Pages 7 permit. Pages Department of Important: If the any injury or o 1 ₺ Burial 2 □ Cremation 3 □ Removal from State Parklawn Memorial Park 4 □ Donation 5 □ Other (Specify) 6/18/97 Rockville, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland 20904 231 and 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one dause on each line. Approximate Interval Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical Veno-occlusive disease of liver 2 weeks Examiner Due to (or as a consequenca of): Examiner Acute myelogenous leukemia 13 months Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of): ğ Box 68760. the attending physician s/p Autologous bone marrow transplant 6 years certificate be Physician/Medical 2 that initiated events resulting in death) Last Due to (or as a consequenca of): 88 Nodular lymphoma 9 years 885 P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Ē 1 ☐ Yes 2 No 3 Probably 4 Unknown s/p 2nd autologos stem cell transplant paudis Division of Vital Records. ģ 24b. Were autopsy findings available prior fo completion of cause of death? Completed 24a. Was an autopsy performed? 5 Thrombocytopenia page 2 certificate has 2 No 1 Tyes 1 ☐ Yes 2 ☐XNo 25. Was case referred to medical examiner? Be 26. Place of Death (Check only ona) Hospital: Other: 4 ☐ Nursing Home 5 🖾 Residenca 6 ☐ Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) funeral 27. Manner of Death 28b. Time of 28c. injury at Work? 28d. Describe how injury occurred Certification: Ather 5 Pending investigation t 52 Natural 1 Yes 2 No al or Attend after death Director: 2 Accident 28f. Location (Streat and Number or Rural Route Number, City or Town, State) 6 Could not be 3 Suicide Place of Injury - At home, farm, streef, factory, office building, etc. (Specify) à 4 D Homicide To the Hospital o within 24 hours at To the Funeral Di 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) Oc 20955 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Stanley Frankel, M.D. 3800 Reservoir Road, N.W., Washington, D.C. 20007 31. Date filed (Month, Day, Yaar) 32. Registrar's Signature

State Registrar

Ple

Plea	se Type or F	rint in E	Black In	delible	e Inl	c. Assu	ıre A	II Copies	s Are	Lea	ible.	
								Mental Hy		_	7	20189
			Ce	rtificat	e of	Death			Reg. N	lo.		
1. Decedent's Neme (First, Middle	, Last)							2. Dete of De				3. Time of Death
Roberta Jac	ckson	Coram						June	10.	1997	Yeer 7	9:35 PM
4e. Fecility Neme (If not institution	, give street and num	ber)				4b. City, To	wn, or L	ocation of Deel	-	c. Count	y of Deeth	
Mariner Health	Care Cent	ter				Kens	ing	ton		Mont	tgome	rv
5. Sociel Security Number		. Age (fn yrs. i	lest birthdey)	If Under		r If Under	24 Hrs.		rth		9. Birth	plece (Stete or Foreign
579-16-4151	1□M 20F	85	Yrs.	Months	Deys	Hours	Min.	8. Dete of Bi (Month, Di Feb. 2	9, Yea	912		intry) ginia
Usuel Residence of Decedent								100.	,,			Бтита
10e. Stete 10b. County		10c. City	, Town or Lo	ocation								10d. Inside City Limits
Maryland Montgo	merv	Kor	singt	on								1 XYes 2 □ No
10e. Street end Number	Ancly	Kel	istiigt	10f. Zip	Code				10a C	tizen of	What Cou	into/2
3000 McComas A												
11. Merital Status	12. Wes Deced	ent Ever in II	S 13		895	Hieranic Ori	ain? /Sr	pecify Yes or N			Stat	es ican Indien.
1 ☐ Never Married 2 ☐ Marri	Armed Ford	es?		If Yes, spec	offy Cul	ben, Mexicai	, Puerto	Ricen, etc.)	0-		ck, White	
3 Widowed 4 □ Divorced	If Yes, Give Yeer or Det		1 ☐ Yes 2 💢 No Specify:							Specia	b: B1	ack
15. Decedent (Specify only highes	's Education t grade completed)		16e. Dece (Give	dent's Usue kind of wor	el Occu	ipation during mos	t of worl	king	16b.	KInd of E	Business/Ir	ndustry
Elementery/Secondary (0-12) 12	College (1-	for 5+)		rse's					1	ledio	ral I	
17. Fether's Neme (First, Middle, I	Last)						er's Nem	ne (First, Middle				
Not Available								eth Jac				
19e. Informent's Neme/Reletionsh	nip (Type, Print)		19b. Mellii	ng Address	(Stree	t end Numb	er or Ru	ral Route Numb	er, City	or Town	, Stete, Zi	p Code)
Vivian Lambert,	cousin							, Washi				
20e. Method of Disposition	COUBIN	20b. P	ece of Dispo	silion (Nen	ne of		. 11 .	Dete				own, Stete
1 Buriel 2 ☐ Cremetion 4 ☐ Donetion 5 ☐ Other (Sp		ate	emetery, cre	,	,	*						Maryland
21. Signeture of Funeral Sepace I		, mri	25	Name en	d Addi	ess of Fecili	ery	0/19/9/	31	ILLTS	ina,	Maryland
Wan !	7/11/1/	m	Me Me	cGuire	e Fi	uneral	Sei	rvice,	Inc.	nata	on D	C
Part1. Enter the diseese, or shock, or heert fellure. List	complications I I can only one cause on each	used the deeth ch line.	. Do not ent	ter the mod	e of dy	ing, such es	cardiec	or respiretory	erresi,	ge	, ,	Approximate Intervel Between Onsel end Deeth
Immediate Ceuse (Finel disease or condition		ong	estaré	hes	41	1 /	ait	line			I	
resulting In deeth)		Due to (or	es e consec	quence of):	-/							0
	- b	hy	erter	rocon								years
Sequentially list conditions, if eny, leading to immediate	T 0.	Due to (or	es e consec	uence of):							1	1
if eny, leeding to immediate cause. Enler Underlying Ceuse (Disease or Injury		/										
thet initieted events	C. ————	Due to /or	es e conseq	uence of).								
resulting In deeth) Lest		200 10 (01	03 0 001138Q	a or roa or j.								

Physician /Medical Examiner

Hospital or Attanding Physician: The law requires that the death certificate be executed

Division of Vital Records, P.O. Box 68760,

Physician

/Medical

Examiner

Funerai

Director

permit. Peges 1 and 2 should be filed within 72 hours efter death with the Menyland Department of Health and Mental Hygiane. Important: If Item 27 is marked other than "netural; or item 23s or 28s-4 show any Injury or other traumatic evant, the Medical Examines invest be notified at

Baltimore, Maryland 21215-0020

Be Completed by Funeral Director

10

29b. Signature end title of certifier

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Physician/Medical Examiner To the Hospital or Attending Physician: The law requires that the death certificate be executivithin 24 hours after deeth.

To the Funeral Director: After this certificate has been signed by the ettending physician and complately filled in by the luneral director, page 2 should be deteched for use es the buriel-tran Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that Initiated events resulting in deeth) Lesi

hysertension	
Oy (or es e consequence of):	
<u> </u>	
Due to (or es e consequence of):	

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

pieted	dementia					24e. Wes en eutopsy performed?	24b. Were autopsy findings eveileble prior to completion of ceuse of deeth?				
Соп						1 ☐ Yes 2X No	1 ☐ Yes 2 ☐ No				
Be	25. Wes case referred to medical exeminer?	,			26. Piece of De	eath (Check only one)					
10	1 Yes 2 No	Hospitel: 1 ☐ Inpatient 2 ☐	ER/Outpetient	3□ DOA	Other: 4 Nursing	g Home 5 Residence 6 Other (Specify)					
	27. Menner of Deeth 1 ↑ Neturel ↑ Pending 2 ↑ Accident investigation		28b. Time of Injury	28c	28d. Describe how injury occu						
Certification	3 Suicide 6 Could not be determined		nome, farm, street,	, factory, o	office	28f. Location (Street end Num. City or Town, Stete)	ber or Rural Route Number,				
edical (29e. Certifier 1 Certifying Pt (Check only one)	nysician: To the best of my known in the basis of examination of my known in the basis of examination of my known in the basis of examination	owledge, deeth oc etion end/or Invest	curred et tigetion, in	ee, end due to the ceuse(s) end m curred et the time, date end plece,	enner es stated. end due to the ceuse(s)					
ž	29b. Signature end tifle of certifier	4		29c I	Icense number	29d Dete sign	ed (Month Day Year)				

32. Register signerere

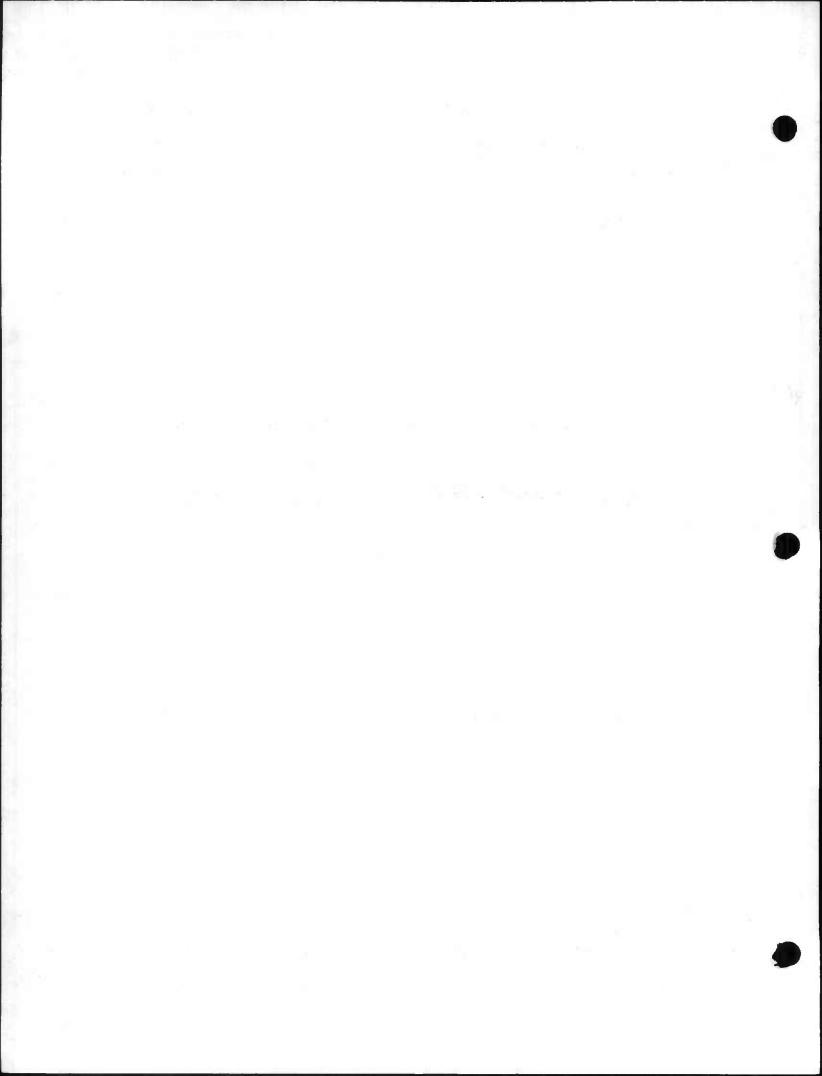
Juna Davidson-Rondolle

29c. License number

29d. Dete signed (Month, Dey, Year)

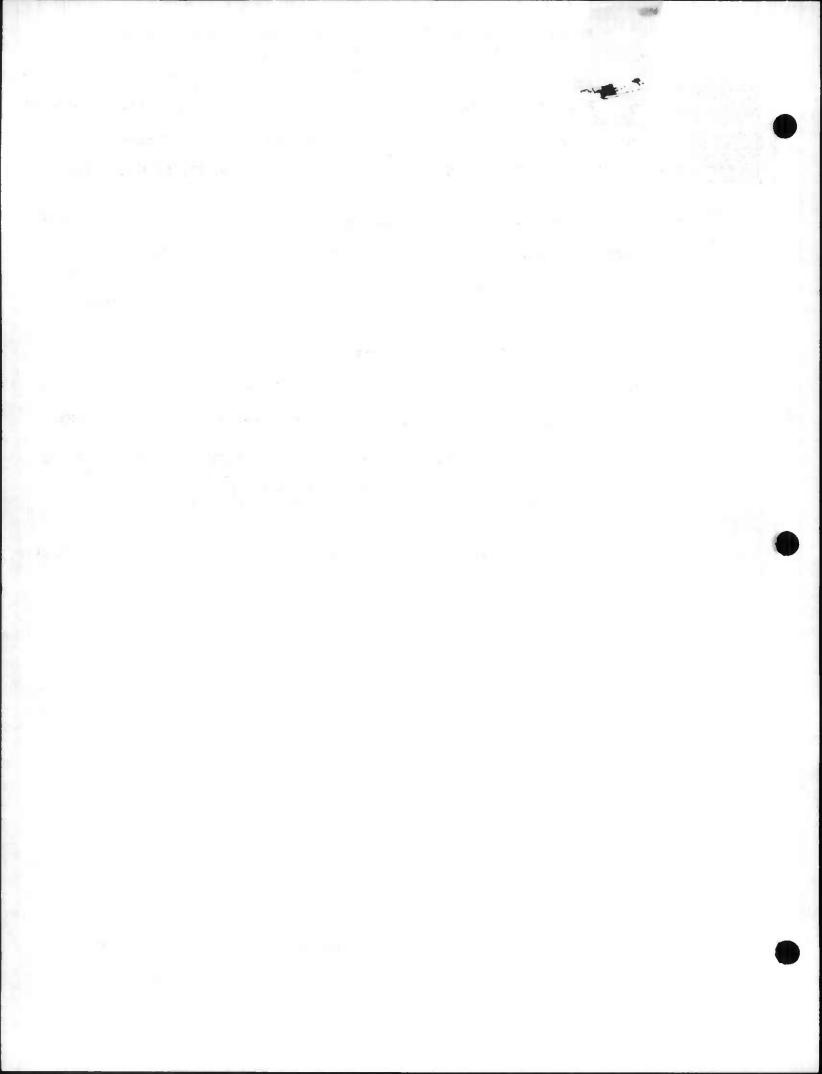
State

Registrar



State of Maryland / Department of Health and Mental Hygiene

				Cen	tificat	e of	Death		R	eg. No.			
	1. Decedent's Neme (First, Middle, I	Last)						2	2. Dete of Deat Month	th	A STATE OF THE STA	3. Time of Con-	
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ner	4e. Fecility Neme (If not institution, g								ation of Deeth	4c. County	of Deeth		
	Holy Cross Hosp	ital					Silve			-il-	gomery		
	577-44-7006	. Sex 7. Ag	ge (In yrs. last i	birthday) Yrs.	If Under Months	1 Year Days	If Under 2	Min.	B. Date of Birth (Month, Day Apr. 19	, 1911	9. Birthple Country Arkan	ce (Stete or Fo	
	Usual Residence of Decedent 10e. Stete 10b. County		10c. City, To	own or Loc	ation						100	I. Inside City Li	
0	Maryland Montgom	.0.27	C+ 1+	ver S	nrin	~					1.0	1 ☐ Yes 2 5	
Director	10e. Street end Number	iet y	211/	VET D	10f. Zip				1	0g. Citizen of 1	What Countr	0	
	11620 Kemp Mill	Road				0902				USA			
by Funeral	11. Maritel Stetus 1 Never Married 2 Married 3 Widowed 4 Divorced	12. Wes Decedent Armed Forces? 1 Yes 2 H		if	as Deced Yes, spec	ify Cub	lispenic Origi an, Mexican, Specify:	in? (Spec Puerto Ri	ify Yes or No- can, etc.)		ce - Americar ck, White, et	c.	
	15. Decedent's	Yeer or Detes:	16	Co Docada	antle Ulevia		nation .	16b. Kind of Business/			Whi		
Completed	(Specify only highest s	grede completed)		Se. Decede (Give k life. De		rk done	during most of	of working	7	TOD. KING OF D	usiness/indu	stry	
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Be C	17. Fether's Neme (First, Middle, La	st)						's Neme (Neme (First, Middle, Maiden Sumeme)				
To B	Richard Prather						Nanr	nie J	ie Jones				
	19a. Informent's Name/Reletionship	(Type, Print)	15	9b. Mailing	Address	(Street	end Number	or Rural	ode)				
	John R. Couch /	Son	2	2304	Fort	Wil	liam D	rive	, Olney	y, Mary	land	20832	
	20a. Method of Disposition 1 ☐ Burial 2 ☑ Cremetion 3 4 ☐ Donation 5 ☐ Other (Special Control of		Fort Lincoln Cremate					ry 6/17/97 Brentwood, Maryland					
1	21-Signature of Funeral Service Lic	erisee /		11	1800	New		hire	es-Rina Avenue		neral	Home	
niner	Immediate Cause (Final disease or condition resulting in death)	a Acut	e Myoca Due to (or as	initia en recen	Later Control Carlo	farc	tion					44 minu	
i Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury		Due to (or as a consequence of):										
Medical	that initiated events resulting in death) Last	ı d.	Due to (or as	a consequi	ence of):								
ician	Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to										ordhute to t	he course of de	
y Physician		The second of the second of		K 20 (11 (12 MO)	and the same		MO 1155/2007/		12000 (E/O			bly 4(XUnk	
Completed by									24a. Was a perform		avail	autopsy findir able prior to detion of cause ath?	
0									1 U Y	s 2 XNo	101	res 2□No	
							26. Place o	of Death (Check only on	e)			
	25. Was case referred to medical examiner?	examiner? Hospital: Other							s 5 ☐ Reside	ence 6 DOth	ner (Specify)		
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State of Maryland / Department of Health and Mental Hygiene 20191

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	6ht-		1. Decedent's Neme (First, Middle, L.						2. Data of Dec	eth	Vana	3. Tima of Death	
	Physic /Medi		Nancy,	Cubba	ge.				Juva Tuva	- 16	9 7	6.25	
	Exami		4e. Fecility Nama (If not institution, gi	va straat and number)			4b. City, Tov	wn, or Lo	cation of Deeth	4c. County	of Deeth		
			Manor Care Nurs	ing Center			Silve	-	_		gomen	ry	
	Funeral				vrs. last birthday,	Months Days		24 Hrs. Min.	8. Data of Birt	Year 1907	9. Birthp	place (Stata or Foraig http) H10	
	Director		Usual Rasidence of Decedent						NOV. Z	1, 1907		IIIO	
	ahow		10a. Stata 10b. County	10c.	City, Town or L	ocation					1	Od. Inside City Limits	
	72 hours after death with the Maryland natural; or items 23s or 28s-f show ores! Examiner must be notified at	ţ	Virginia Glouces	ter	Glouces	ter						1 ☐ Yas 2 ☒ No	
	r 28	Directo	10e. Streat end Number			10f. Zip Coda				10g. Citizen of V	Vhet Cour	ntry?	
	h wit	a D	8110 Roaring Spr:	ings Road		2306	1			USA			
	dea	Funeral	11. Marital Status	12. Wes Decedant Evar in Armed Forces?		Was Dacedant of	Hispanic Orig	pin? (Spe	city Yas or No-			an Indian,	
0	or it		1 ☐ Nevar Married 2 ☐ Married	1 ☐ Yas 2 🔼 No If Yes, Give		1 ☐ Yas 2 ☒ No		, ruanto r	noan, atc.)	4	k, Whita,		
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ary	d 2 should th end Mer 7 is marke traumatic	-	19a, Informant's Name/Raletionship	(Type, Print)	19b. Meili	ng Addrass (Stree	et and Numbe	r or Rura	l Routa Numbe	er, City or Town,	State, Zip	Coda) 23061	
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ore			20e. Mathod of Disposition	Pamoval from State		Date 20c. Location - City or Town, Stata							
Baltimore,			1X Burial 2 ☐ Cramation 3 ☐ 4 ☐ Donation 5 ☐ Othar (Speci	TUSINOASI ILOM STATE	y 6/	5/20/97 Silver Spring, Maryla							
a	permit. Peg Depertment Important: I any injury c ance.		21. Signetura of Funaral Service Lice	nute			ldi Fune	eral	Home				
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	/Medical Examiner		Immedieta Causa (Final disaasa or condition	. Colon	Cana	2						5 Monts	
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	eeth certificate be executed attending physician and for use es the buriel-transit	хап	Sequantially list conditions, if any, laeding to immadiata causa. Entar Underlying Causa (Disaase or Injury	Dua to	o (or as e conse	quanca of):					1		
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Division	Attending or death. ector: After by the fune	cati	2 Accident Investigation 3 Suicide 6 Could not be	10]Yas 2□N						
\leq		Certification:	4 ☐ Homicide datarmined	28e. Place of Injury - A building, atc. (Spe	t homa, farm, st ecify)	reet, factory, office	1	2	City or Tow		er or Hura	il Routa Number,	
	To the Hospital or within 24 hours after To the Funeral Director completely filled in		29a, Cartifier 154Certifying Ph	veloles. To the heat of mul			i	1 -1				N-A d	
	24 h 24 h Fun etely	edical		nysician: To the best of my li niner: On tha basis of axam and mennar stated.	ination and/or In	vastigation, in my	opinion, daet	h occurre	ed at tha tima, o	data and place,	and dua to	tha cause(s)	
	within 7 To the comple	Me	29b. Signature and the of certifier	, / _		29c. Lican	sa number		:	29d. Dete signe	d (Month,	Day, Year)	
	12		> 1/L 1	alu N	>	12	T430			6/16/	97		
7			30. Name and address of persog who	Downwell Causa of death /	tem 23a) (Type	Print)			4	7.7	//		
			JUHN MARGO	3415, MD	4333	Laurel.	Buck	Re	P #30	7 64	ure!	170 20708	
	Sta	ite	31. Data filed (Month, Day, Year)	32 Pagist r's Si	grature	0 0 00					7		
	Registi	ar	2014 T 8	1997 Julia	WENTERSON-	Johnson							

97-3324-031 Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. CIP State of Maryland / Department of Health and Mental Hygiene LIDIA ARELI CHAVEZ Certificate of Death #23a; #27, 6/19/97, BMW, Montg Co, per MEO 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** Lidia A. Chavez JUNE 1997 10:05AM /Medical 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death **Examiner** #7 TYGART COURT GAITHERSBURG MONTGOMERY If Undar 1 Year If Under 24 Hrs. Hours Min. 8. Date of Birth (Month, Pay, Year)
June 21, 1964

9. Birthplace (State Country)
Guatemala Birthplace (State or Foreign Country) 5. Social Sacurity Number 7. Age (In yrs. last birthday) **Funeral** Months Days 1 M 2 XF 219-29-6117 32 Vrs **Director** Usual Residence of Decedent with the Maryland r 28a-f show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yas 2X No Director MD Montgomery Gaithersburg 10e. Street and Number 10f. Zip Code 10g, Citizen of What Country? ortant: if item 27 is marked other than "neturel", or items 23s or injury or other traumatic event, it a Medical Examiner must be r 20879 Guatemala 7 Tygart Court permit. Pages 1 and 2 should be filed within 72 hours after death Department of Health and Mental Hygiene. Important: if Item 27 is marked other than "neture!", or Items 23. Funeral 12. Was Decedent Evar in U,S. Armed Forces? 1 ☐ Yas 2 ☒ No If Yes, Give Yaar or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 11. Marital Status 1 Never Marriad 2 ☐ Married 1∑Yas 2□No Specify: Guatemalan Baltimore, Maryland 21215-0020 Specify: White þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Etementary/Secondary (0-12) College (1-4or 5+) Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) Eustaquio Chavez Eligia Mazariegos 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. tnformant's Name/Relationship (Type, Print) Veronica A. Chavez 5 Nancy Place, Gaithersburg, MD 20877 20b. Place of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stata 1 Burial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) General Cemetery 6/22/97 Coatepeque, Guatemala 22. Name and Address of Facility Francis J. Collins Funeral Home, Inc. 500 University Blvd. West 21. Signatura of Funeral Servica Licensae any ir Home, Inc. Silver Spring, MD 20901 Part1. Enter the disease, a comshock, or heart failure. W Conly Approximata Intervai Between Onsat and Daath omplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Seizure disorder Examiner Due to (or as a consequence of) Examiner that the death certificate be axecuted physician and is the bunal-trans Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events rasulting in death) Last Due to (or as a consequence of): Physician/Medical Due to (or as a consequence of): use ed by the a Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23h. Did tobacco use contribute to the cause of death? Records, P.O. signed by t 1 Tyes 2 No 3 Probably 4 2 Unknown þ 24a. Was an eutopsy performad? 24b. Were autopsy findings availabla prior to completion of ceuse of death? Completed peen has 1 Yes 2 □ No 1. Yes 2□ No Division of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: Aftar this cartific. funeral director, 25. Was cese referred to medical examiner? Be 26. Place of Death (Check only one) Hospitel: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 tvoves 2□ No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Menner of Death 1 Naturel 28a. Dete of Injury (Month, Day Year) Certification: 28b Time of 28c. tnjury at Work? 28d. Describe how injury occurred 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) completaly filled in by 4 Homicide To the Hospital of within 24 hours a To the Funeral D 29a. Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. Medicai *Madical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and manner stated.

29c. Licanse number

5. Radentz, Moll Penn Street, Baltimore, Maryland 21201

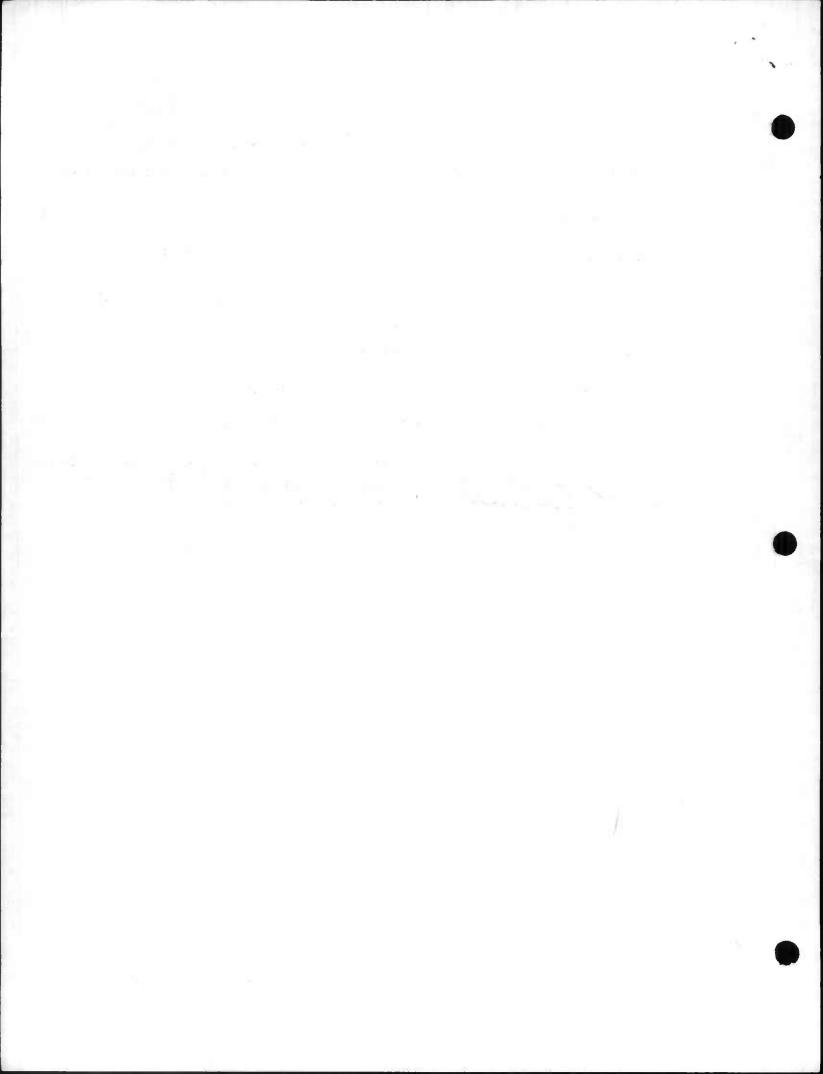
O.C.M.E.

29d. Date signed (Month, Day, Year)

JUNE 18, 1997

State Registrar 29b. Signature and title of certifier

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene

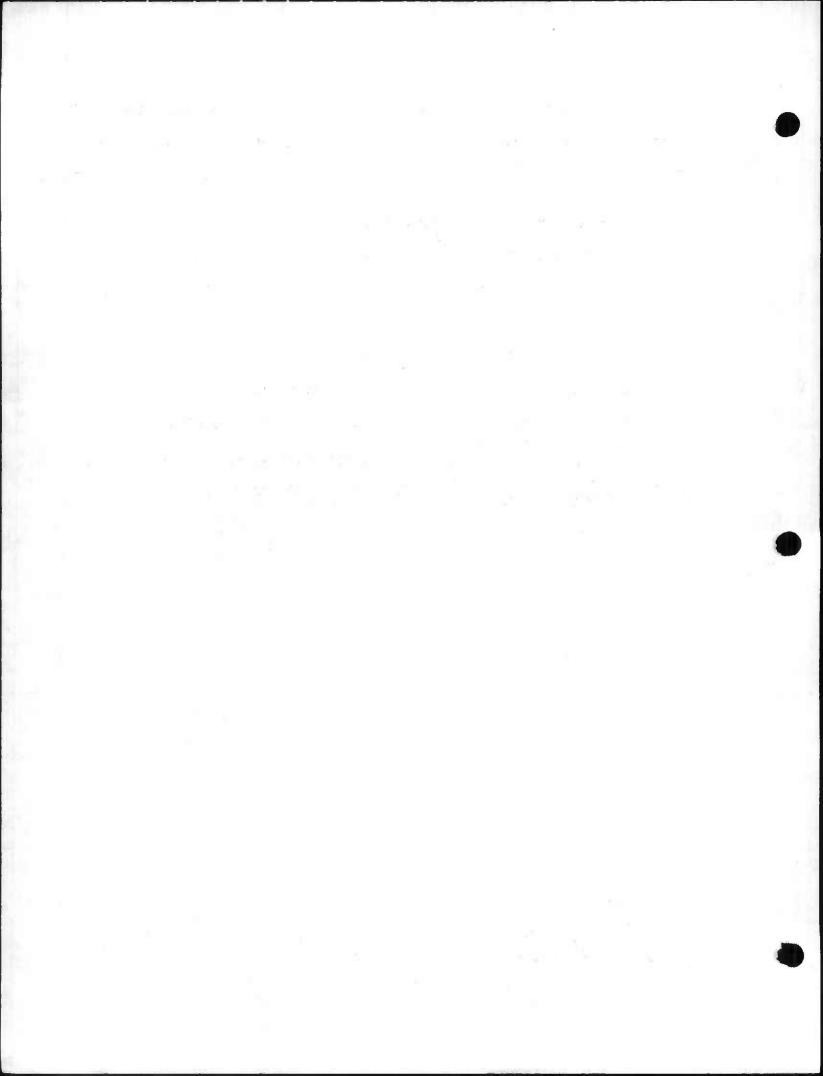
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death **Physician** Month 40 PM CAPLAN SELMA JUNE 15 1997 /Medical 4e. Fecliity Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner 1316 FENWICK LANE #906 SILVER SPRING MONTGOMERY 5. Social Security Number If Under 1 Year If Under 24 Hrs.

Months Deys Hours Min. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, Year) **Funerai** Birthplece (State or Foreign Country) 1□M 2K)F Deys Hours Yrs. Director 191 36 0518 84 PENNSYLVANIA MAY 8,1913 Usual Residence of Decedent the Maryland 10e Stete 10b. County 10c. City, Town or Locetion 28a-f show traumatic event, the Medical Examiner must be notified at 10d. Inside City Limits Director ty Yes 2 □ No MD. MONTGOMERY SILVER SPRING 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? with 9 or items 23s 1316 FENWICK LANE #906 20910 U.S.A. permit. Pages 1 and 2 should be filled within 72 hours after death. Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural" or item. Funeral 12. Was Decedenf Ever in U,S. Armed Forces? 1 ☐ Yes 22 No If Yes, Give Year or Dates: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Bleck, White, etc. 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ XNo WHITE þ 3 Widowed 4 Divorced Completed Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) -1-HOMEMAKER OWN HOME 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be MEYER SILVERBERG BESS COHEN 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) GAIL LEVENTHAL / DAUGHTER 10420 KENLOCK ROAD SILVER SPRING, MD. 20910 Pleca of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 Burlel 2 Cremetion 3 F 4 Donetion 5 Other Specific METROPOLITAN CREMATORY 6/16/97 ALEXANDRIA, VA. 21. Signature of Funeral Service Li 22. Neme end Address of Fecility IVES-PEARSON FUNERAL HOMES 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear failure. List only one cause on each line. WASHINGTON ST FALLS CHURCH, VA. 22046 Approximete Intervei Between Onset and Deeth **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in deeth) Examiner The law requires that the death certificate be executed burial-transit Sequentielly iist conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of) attending physician for use as the buria Box 68760 we Physician/Medical the Due to (or es e consequenca of) ed by the a Records, P.O. Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 ves 2 No 3 Probably 4 Unknown signed t þ 24b. Were eutopsy findings evailable prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? certificate has 1 Yes 2 No 1 Yes 2 No Division of Vital or Attending Physician: director, Be 25. Wes case referred to medical exeminer? 26. Plece of Deeth (Check only one) 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpetlenf 3 DOA After this Dete of Injury (Month, Dey Year) 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred s after dea. 5 Pending investigation 1 Neturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 ☐ Suicide 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homlcide filled To the Hospital within 24 hours a To the Funeral C completely filled Hospital 1EC Certifying Physician: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) end menner steted. Medicai 29e. Certifier (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Dete signed (Month, Dey, Year) 6 30. Name and address of person who completed cause of deeth (Item 28a) (Type, Print) 32. Registrar's Signature

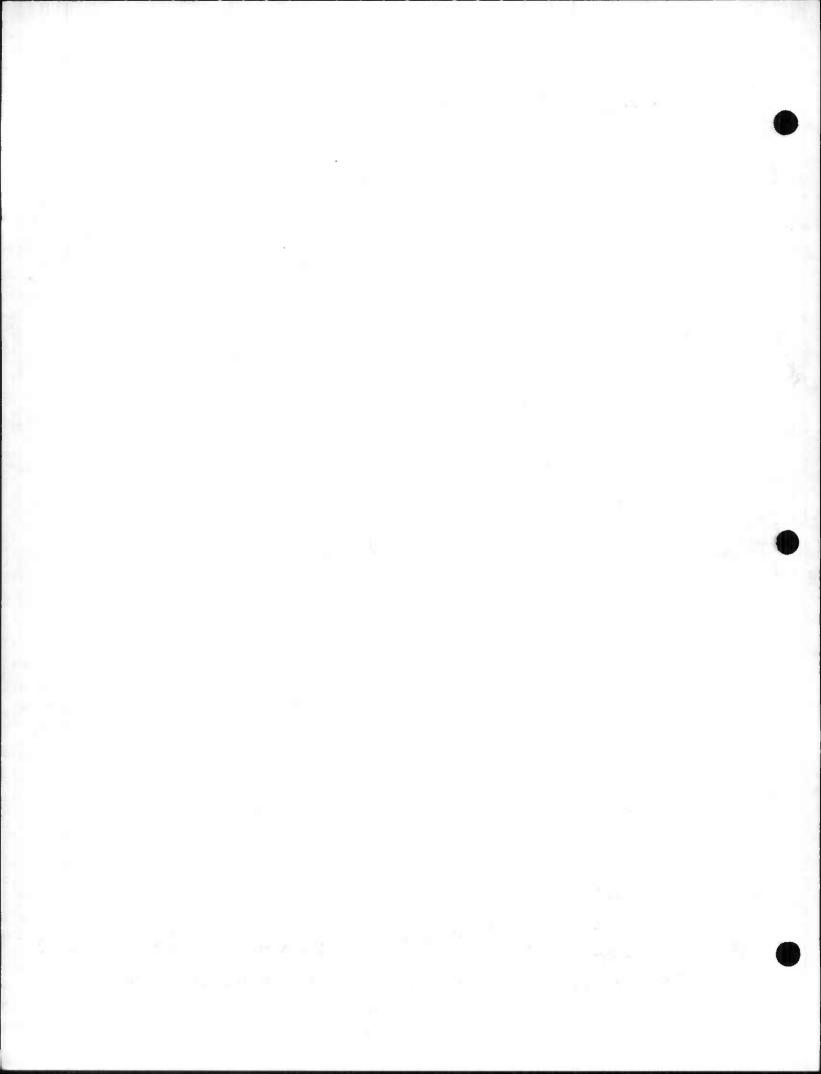
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

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Funerai		5. Social Security I		.Sax 1□M 2 <mark>X</mark> 0F		yrs. last birthday 92 Yrs.	Months Dey:		Min.	8. Deta of Bir (Month, De	V Year)	9. Birth	placa (Stata or Foreig
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· 논문공		21. Signature of Fi	uneral Service Lic	ensee		2	2. Nama end Add						
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h. After th funeral		27. Manner of Deel	th 5 Panding	28a. Data (Mo	of Injury	r) 28b. Time of	of 28c. inj	ury et ork?		28d. Dascribe	how injury occur	red	
r death. octor: After by the fune	Satio	2 Accidant	Investigati					☐Yes 2☐	No				
Direct Direct	Certification:	3 Suicida 4 Homicide	6 Could not datermine	d 28a. Plac	e of Injury - A	At homa, farm, st ecify)	traat, factory, office	•		28f. Location (City or To		per or Rura	al Routa Number,
within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral													
4 hor	edical	(Gneck only	Certifying F	aminer: On tha l	basis of exam	knowiedga, daat ninetion end/or Ir	th occurred at that evastigation, in my	tima, data an opinion, daa	d place, th occur	and dua to tha	cause(s) and medete and piece,	end due to	stated. o the cause(s)
within 24 hours To the Funeral completely filled	Med	one) 29b. Signatura and	Little of ancilling	and ma	nnar steted.	k .	20c Lloor	nse number			20d Date sions	d (Month	Day Voor)
	-	290. Signatura and	(20	57	ALT Y	MSicia	M A	Cara	-11		29d. Data signe	a (Moriti),	IA Q 3
12	}	MIL	Core	MAD			91	808	7		JUNE	14	1777
		30. Nema end eddr	DA TEI	o completed cau	use of deeth (Item 23e) (Type,	Print)	00	0	001011	11 C A	12 -	0852
		31. Data filed (Mon	oth, Day Year)	14-D -	Regi e rar's Si	ignature -	114076	70	~	ULVII	ue M	D 2	085 1
Sta Registra			JUN18	1997	Julia	Davidson-A	andell						



State of Maryland / Department of Health and Mental Hygiene Certificate of Death

1997

Physician /Medical **Examiner**

TRACY CHAPMAN 2. Date of Death Month JUNE 17, 3. Tima of Death 03:04AM

4a. Facility Name (If not institution, give street end number) PINEBROOK AND WEST FOREST 4b. City, Town, or Location of Death

4c. County of Death PRINCE GEORGES

Funeral Director

> 28a-f show must be notified at

ò

Herns 23s

permit. Pages 1 and 2 should be filed within 72 hours aftar of Department of Haath and Mental Hygiene. Important: if item 27 is marked other than "natural", or item any injury or other traumatic event, trained any injury or other traumatic event, trained.

Physician /Medical

Examiner

physician and s the burial-transit

98

signed by the a

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this certificeta

After

daath.

To the Hospital or Attendir within 24 hours after death. To the Funeral Director: A completaly filled in by the fi

The law requires that the death certificate be axecuted

Box 68760

P.O. 1

Records,

Division of Vital Hospital or Attending Physician: Physician/Medical Examiner

þ

Be Completed

10

Certification:

Medical

Baltimore, Maryland 21215-0020

deeth

Director

Funeral

þ

Completed

217-86-2059 Usuai Residence of Decedent

5. Social Security Number

10b. County

30 Yrs. 10c. City, Town or Location

LANDOVER If Under 1 Yaar If Under 24 Hrs.
Months Days Hours Min.

8. Date of Birth (Month, Day, Year) Birthplace (Steta or Foreign Country) APRIL 11, 1967 CHEVERLY, MD

10d. Inside City Limits XYas 2 □ No

MARYLAND PRINCE GEORGE'S 10e. Street and Number

11. Marital Status

LANDOVER

7. Age (In yrs. lest birthday)

10f. Zip Code

Days

Months

10g. Citizen of What Country?

2614 PINEBROOK AVE #H8 12. Was Decedant Ever in U,S. Armed Forces? 1 Navar Married 2 Married 1 ☐ Yas 2 ☐ No If Yes, Give Year or Datas:

6. Sex 1**X** M 2□ F

 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Ricen, atc.) 1 ☐ Yes 2 🕱 No

USA Race - Amarican Indian, Black, White, etc. BLACK

15. Decedent's Education (Specify only highast grade completed) Elementary/Secondary (0-12)

3 ☐ Widowed 4 ☐ Divorced

1. Decedent's Name (First, Middla, Last)

College (1-4or 5+)

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

20785

16b. Kind of Business/Industry

11th

LABORER

PRIVATE INDUSTRY 18. Mother's Name (First, Middle, Meiden Sumeme)

Specify:

17. Father's Name (First, Middle, Last)

AUGUSTINE STEVENSON

ANNA CHAPMAN

19a. Informant's Name/Reletionship (Type, Print) ANNA CHAPMAN/ MOTHER

2614 PINEBROOK AVE. #H8 LANDOVER, MD

20a. Method of Disposition

WBurial 2 □ Cremation 3 □ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)

20b. Place of Disposition (Neme of cometery, cremetory or other place) HARMONY MEMORIAL PARK

20c. Location - City or Town, State

6-23-97 LANDOVER, MARYLAND

21. Signature of Funeral Service Licens

23a. Part1. Enter the disable, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

22. Name and Address of Facility MARSHALL'S FUNERAL HOME OF MD ONLC 4308 SUITLAND RD. SUITLAND, MARYLAND 20746

19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code)

Immediate Cause (Final disease or condition resulting in deeth)

Multiple Stab Wounds

Sequentially list conditions, if eny, leeding to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Last

Due to (or as a consequence of):

Due to (or es a consequence of):

Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

24b. Were autopsy findings available prior to completion of ceusa of death?

Other: 4 Nursing Home 5 Residence 6 Other (Specify) SCENE

X□ Yas 2□ No

25. Was cese referred to medical examiner? 1X Yes 2 No

27. Manner of Deeth 5 Pending investigation 1 Natural 2 Accident

6 Could not be determined

28a. Date of Injury (Month, Day Year) 6-17-97

1 Inpatient 2 ER/Outpatient 3 DOA 28b. Time of injury 136 AM

28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 Yes 2 No 28d. Describe how Injury occurred subject statiles Location (Street end Number or Rurel Route Number, City or Town, Stete) Pineb rook West Frest

26. Place of Deeth (Check only one)

29a. Certifier onel

3 ☐ Suicide

4 Homicide

Bultimare Med 1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) end manner as steted.

Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29b. Signature and title of certifier

Hospital:

29c. License number OCME

29d. Date signed (Month, Day, Year) JUNE 17, 1997

30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print) 111 Penn Street, Baltimore, Maryland 21201

Chuteno Dennis 31. Date filed (Month, Dev. Year)

JUN 20



State Registrar

a second

•		,,,			f Marylar	-		Health and	Mental Hy	giene 9	7	20196	
F	Amended	#	8. P G.C. 6-18-97			Cei	tificate or	Death		Reg. No.			_
П	Physici	an	Decedent's Name (First, Middle, Las						2. Date of Dea	Dey	Year	3. Time of Deeth	
	/Medic	al	Margarita 4a. Facility Name (If not institution, give	G. Ca	asi		1	th Oh. Tour	June 14		1000	5:45 P.M.	
	Examir	er		street and nur	mber)			_		13. 3. 3. 3.			
-			805 Warley Dr. 5. Social Security Number 6. Se	av	7 Ann (In ure	. last birthday)	if Under 1 Yes	Landover				orge's	_
	Funeral Director			_ М 2√Д√F		Yrs.	Months Dey		. (Month, De			lace (Stete or Foreign try)	
			Usual Residence of Decedent		33				Dec. 28	F, 1963	Phil	ippine Is.	-
	ylen		10a. Stete 10b. County			ity, Town or Lo	cation				10d. Inside City Limits		
	e-I s	ctor	Maryland Prince G	eorge's	3	Landov	ver			1 ☐ Yes 2 No			
	filed within 72 hours after death with the Manyland Hypiene. Wher than "natural", or items 23s or 28s-1 show ent, the Med cel Examinet must be notified at	Director	10e. Street and Number				10f. Zip Code			What Coun	itry?		
	23a		805 Warley Drive				20	785		Philip	pines	5	
	r dea	Funeral	11. Merital Stetus		edent Ever in U	J,S. 13. \	Was Decedent of f Yes, specify Cu	Hispanic Origin? (S ban, Mexican, Puer	Specify Yes or No- to Rican, etc.)	14. Rac Blac	e - Americ		
20	or h		1 Never Married 2 Married	1 ☐ Yes If Yes, Giv	0 11		I□Yes 2□XN				Fili		
Ö	hour ural	d by	3 Widowed 4 Divorced	Year or Do	etes:	1						•	_
15	"nat	Completed	15. Decedent's Edu (Specify only highest grad	de completed)		(Give	lent's Usual Occi kind of work don DO NOT use retir	e during most of wo	orking	16b. Kind of Bu	usiness/Ind	lustry	
72	with ene. than	Juic	Elementary/Secondary (0-12)	College (1	-4or 5+)		omemaker	,		Own H	lome		
D	Hygin Hygin	e C	17. Father's Name (First, Middle, Last)			110	Jillellaket		me (First, Middle,				-
an	should be filed within 72 hours after death with the Manylen ad Mental Hyglene. Imprine 33 or 28=4 show marked other than "natural", or items 23s or 28=4 show implies event, the Medical Examinet must be notified at	To Be	Teodorico Ga	lang				Felisa	Paghub	asan			
Maryland 21215-0020	2 should be it and Mental is marked or reumatic eve	-	19a. Informant'a Neme/Relationship (T			19b. Mailin	ng Address (Stree	et end Number or R			Stete, Zip	Code)	
	and 2 alth a		Charlemagne I. Ca	ssi/Hus	sband	805 1	Warley D	r. Landov	ver, Md.	20785			
ore	ges 1 and 2 should it of Health and Mer if item 27 is marks or other traumatic		20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremetion 3 ☐ I		20b. I	(ece)	Date	20c. Location -	City or To	wn, State			
<u>Ĕ</u>	Pag- nent ant: H ury o		4 □ Donation 5 □ Other (Specify,		M	ematory (5/15/97	Alexand	lria,	Virginia			
Baltimore,	permit. Pages 1 and 2 Department of Health e Important: if item 27 is any Injury or other tra 2002.		21. Signature of Funeral Service Lietins	100	0	ress of Facility	17	II			-		
Ш	20 = 20		Jeage 5	XO	00			P. Kalas			1d 20	0745	
			23a. Part1. Enter the diffease, or comp shock, or many failure. List only of	lications that c	aused the dea	th. Do not ente	er the mode of dy	Ing, such as cardie	c or respiratory ar	rest,	445	Approximate Interval Between	
di	Physician			0								Onset and Deeth	
	/Medical Examiner		Immediat Cause (Final disease or condition	· KETA	20 PER	17066	ac Lym	DH NODE	METH	157751	5 6	MONTHS	
l.		7	resulting in death)									YEARS	-
	pet led	dicai Examiner		b. SMAI	LL CEL	L CAI	RCINON	1A OF	CERV	X	0	XYEARS	
,	The law requires that the deeth certificate be assouted ite has been signed by the attending physician and page 2 should be detached for use as the burial-transit	Exal	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury		Due to (or as e conseq	uence of):				į		
8760,	sicia bur	cai	Cause (Disease or Injury that initiated events	c	Due to /e	or as a consequ	uanaa af):						_
9	g phy as th	be	resulting in death) Last		Due 10 (c	or as a consequ	delice of j.						
Box	that the deeth certific ed by the attending p detached for use as	Physician/Me		d							-		_
	deet he att	Sicia	Part II. Other significant conditions co	ntributing to de	eath but not res	sulting In the ur	nderfying cause g	iven in Part I.	23b. Dld t	obacco uee co	ntribute to	the cause of death?	
0	by the	Phy	IIVNO	2110 -		-			101	/ee 2 No	3 Prot	bebly 4 Unknown	
'n	igned be de	P	HYDRONE A ANEMA	MICC	, , , ,	<u> </u>							
Division of Vital Records,	v requin	Completed	ANEMA						24a. Was perfo	an autopsy med?	ava	ere autopsy findinga allable prior to	
ec	law ras by a 2 st	nple	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				of o	mpletion of cause death?					
	The page	Co			1 D Y	es 2 No	10	Yes 2□ No					
Vita	tending Physician: The laviesth. fort. After this certificate has the funeral director, page 2	Be	25. Was case referred to medical examiner?	Marantal.	ath (Check only o	ne)							
of	shys of this of the sal direction	ို	I LI 168 ZJEJ NO			ER/Outpatien 28b. Time of	I 3L DUA		Home 55 Resid			1)	
L C	After funer	lon	27. Manner of Death 1 ★Natural 5 □ Pending	28e. Date of	uryat ork? □ Yes 2 □ No	28d. Describe h	low injury occur	red					
S	# 0 12 ~ I	Certification:	2 Accident investigation 3 Suicide 6 Could not be		of loius, At h	ome form etc			28f. Location (5	treet and Numb	or or Rure	I Route Number	-
<u>></u>	after d Direct	erti	4 ☐ Homicide determined	buildir	ng, etc. (Specif	fy)	eet, factory, office	Ð	City or Tou		or or nura	rroute rumber,	
	spital or lours after heral Dir filled in	- 1	29a. Certifier (E Certifying Phy	alcian: To the	best of my kno	owiedge, death	occurred at the	time, date and place	e, and due to the	ause(s) and ma	nner as st	ated.	-
	ro the Hospital vithin 24 hours to the Funeral completely filled	edical	(Check only 2 Medical Exami	Inar: On the ba	isis of examina	ation and/or inv	estigation, in my	oplnion, death occ	urred at the time,	date and place,	and due to	the cause(s)	
	To the Hospital within 24 hours and to the Funeral Completely filled	ž	29b. Signeture and title of certifier	1	-1	10 -	29c. Licer	nse number		29d. Dete signe	d (Month, i	Dey, Year)	-
1	(James C	USE	mo	- Prus)		0308		JUNE	15	5,1997	
7	111		30. Name and address of person who co	ompleted caus	of death (Iter	m 23a) (Type, I	Print) Jame	s Butryns	ski. M.D.				
	7		NNMC , 8901 N	/15CON	SIN AVE	E. BUIL	DINL 8, 1	800M5101	BETHES	DA, MD	20	889	
	Sta	te	31. Date filed (Month, Dey, Year)	32R	egistrar's Sign	ature _	2						

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State of Maryland / Department of Health and Mental Hygiene 97

97 2019

			Certific	ate of De	eath	Re	g. No.	. E		
Physician	1. Decedent's Neme (First, Middle,	Last)				2. Dete of Deeth Month	-	Yeer	3. Time of Death	
/Medical	JOHN W	. CAPER	S, JR.			JUN 1		1001	10:26 AM	
Examiner	4e. Fedlity Neme (If not institution, g	give street and number)		4b. 0	City, Town, or Lo	cation of Deeth	4c. County	of Death		
	NATIONAL NAVAL	MEDICAL CEN	rer		BETHESDA		MOI	NTGOME	ERY	
ineral rector	5. Sociel Security Number 6 249–39–3684		yrs. lest birthday) ff Ur 9 Yrs. Mont		Under 24 Hrs. Hours Min.	8. Dete of Birth Month, Day, SEPT. 3,	Year) 1967	9. Birthple Country VIRGII	ce (Stete or Foreign VIA	
MOI III	Usuel Residence of Decedent 10e. State 10b. County		c. City, Town or Location					100	d. Inside City Limits	
be notified at	MARYLAND PRINCE 10e. Street end Number	GEORGES UI	PPER MARLBOR	O Zip Code			N- 011/		YYes 2□No	
23a or ust be	1107 MERGANSE	R COURT	Tol.	20774			og. Citizen of W UNITED		•	
Lexaminer must Examiner must by Funeral	11. Meritei Stetus 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. Wes Decedent Evel Armed Forces? 1 Dives 2 No If Yes, Give 1 2 Yeer or Detes: 1	if Yes	specify Cuban, N	enic Origin? (Spe Mexican, Puerto f Specify:	cify Yes or No- Rican, etc.)		k, White, et	c.	
netu Micel	15. Decedent's (Specify only highest (Education grade completed)	16e. Decedent's L (Give kind of	work done durin	n ng most of workli	19	6b. Kind of Bu	siness/Indu	stry	
ther than "naturaling the Made of the Made	Elementary/Secondery (0-12) 1 2 T H	Coilege (1-4or 5+) 1+	MILI	Tuse retired)			NAVY			
8 0	17. Fether's Neme (First, Middle, La	st)			. Mother'e Name			9)		
aumatic ev	JOHN W. CAP	ERS, SR.			SUE	SH	SHELL			
E DO	19e. Informent's Neme/Reletionship	(Type, Print)	19b. Meiling Add						iode)	
7 7	BARBARA S. CA	PERS/ WIFE	1107 MER	GANSER	COURT, L	IPPER MA	RLBORO,	MD	20774	
ant: If Item 2: ury or other	20e. Method of Disposition **ABurial 2 Cremetion 3 4 Donetion 5 Other (Special Control of Control	Removel from State	Ob. Plece of Disposition (cemetery, cremetory HARMONY MEMO	or other plece)	RK CEM	52.00	7 TANDO			
Important: If It any injury or once.	21. Signature of Suneral Service Life	/ LANDO	/VEIC,	TAKTLAND						
= 4 0	ED	WARD M. DUDLE		And Address of FUNER. R.I. AV	E., MT.	RAINIER	, MARYI	AND	20712	
ettending physician and for use as the burial-transit cian/Medical Examiner	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Last	bDue	to (or as a consequence to (or as e consequence to (or es e consequence	of):						
for use		d								
deteched for use	Pert II. Other significant conditions	contributing to death but no	n Pert I.	23b. Did tobacco use contribute to the cause 1 Yes 2 No 3 Probably 4						
2 should be pieted by						24a. Wes an perform	autopsy led?	avail	e autopsy findings able prior to pletion of cause eath?	
rector, page rector, page						1 ☐ Ye	s 2 No	10	Yes 2□ No	
director,	25. Wes case referred to medical exeminer?			26	8. Piece of Deeth	(Check only one	9)			
0 0	1 ☐ Yes 2 ☐ No	Hospitel:	2 ☐ ER/Outpatient 3 ☐		4 Nursing Hon	ne 5 🗆 Resider	nce 6 Othe	r (Specify)		
he funere ation:	27. Menner of Deeth 1 ☑ Neturei 5 ☐ Pending 2 ☐ Accident investigeti		28c. Injury et Work? 1 ☐ Yes	2 No	8d. Describe hor	w injury occurre	ed			
Amerel Director: After the sy filled in by the funerel cal Certification:	3 Suicide 6 Could not 4 Homicide determine	28e. Plece of injury building, etc. (S	At home, ferm, street, fac pecify)	tory, office	2	8f. Location (Str. City or Town,		er or Rural H	Route Number,	
P. C.										
Mec	29b. Signature end title of certifier		O. A. C. C. C. C. C. C. C. C. C. C. C. C. C.	29c. License nu	ımber	29	d. Dete signed	(Month, De	sy, Year)	
10	Davit Blys			D-51			JUNE		1997	
()	30. Name and address of person who				NAL NAVA			ER		
State	31. Date filed (Month, Dey, Year)	32. Registrer's S	Signeture							

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State of Maryland / Department of Health and Mental Hygiene 97

							C	ertific	ate of	Death			Reg. No.			
	2011		1. Decedent's Name (First, I	Middla, L	ast)							2. Date of D	eath	11.15		ime of Death
	Physic		DELORES				CHAR	ACTE	3			June	13, Day	1997	9:	:25 AM
1	/Medi Exami		4a. Facility Name (If not inst	itution, gi	ve street and n	umber)				4b. City, To	own, or i	Location of Dea		ounty of De	ath	
a	LAGIIII		4918 Sable	Stre	eet					Capit	o1 1	Heights		nce G		28
Н	Euporol		5. Social Security Number	6.	Sex	7. Age (In v	rs. last birthde	W) If U	nder 1 Yea	r If Under		8 Data of Bi	rth	0.8		Stata or Foraign
П	Funeral Director		274-40-1954		1□M 2√F		54 Yrs.	Mon	ths Days		Min.	May 31	1943	Cor	de le	Georgi
	-		Usuel Residence of Decede	nt							1	, , , , ,		1001		00000
	yland Mow		10a. State 10b. Co	ounty		10c.	City, Town or	Location							10d. ins	side City Limits
	Man	ō	MD Pri	nce	Georges		Capito	1 He	ichts						1/E	Yes 2 No
	the 28s	Director	10e. Street and Number				0-1-4-0		Zip Code				10a. Citize	n of What (Country?	
	3a o		4918 Sable	Stre	et					2074	3		U.S.			
	leath res 2	Funeral	11. Marital Status		12. Was Dec	edent Ever in	US 1	3 Was D	ecedent of			pecify Yes or N		. Race - An	narican Ind	lian
	Her o	FU	1 ☐ Never Married 2 ☐	Married	Armed F			If Yes,	specify Cul	ban, Mexice	n, Puart	o Rican, atc.)		Black, White, atc.		
ž	F. o	by	3 □ Widowed 4 □ Divo		If Yes, G Year or I	Nev		1 ☐ Ye	s 20 No	Specify	:		S	Specify: Black		
ŏ	within 72 hours effer death with the Maryland ene, "natural", or items 23a or 28a-f show ha Medical Examinet must be inclined at	8	15. Dec	edent's E	ducation		16a De	cedent's l	Jsuel Occu	pation			16h Kind	of Busines	s/Industry	
15	in 7	plet	(Specify only h	ighest gr	ade completed,		(Gi	va kind o	work done	ed)	st of wor	king	100.11	of Business/Industry		
212	filed within Hygiene. other than ant, tre M	Completed	Elementary/Secondary (0- 12th	12)	College ((1-4or 5+)	_	ecre		97						
Maryland 21215-0020	見せま		17. Father's Nama (First, Mic	ddle, Las	t)					18. Moth	er's Nan	ne (First, Middle		known		
an	0 0 0 0	Be c	1000 00000									Name (First, Middla, Meiden Sumame)				
7	should band Menter	To	Elbert Clark 19e. Informant's Name/Rela		(Tune Print)		10h M	Ilina Add	race /Strac			a Perry		Town State	Zin Code	1
∑	2 9 5 9		Marvin Clark		Brother	•	18101 Greatwood Lane							City or Town, State, Zip Code)		
ď.	ges 1 ar of Hea or other		20a Method of Disposition			20h				od La	ne,				Tour Ct	ala
õ			1 Burlai 2 Crama			State cemetery, cremetory or other place)							20c. Location - City or Town, State			
Baltimore,	the tant					E	vergre								lghts	, OH
32	permit. Pe Department Important: any injury		21. Signature of Funeral Ser	vice Lice	nsae			22. Nam Ma	rshad	1 S Facil	mer	al Home	, Inc			
			1 Burlal 2 Cramation 3 Removal from State Cemetery, cremetory or other place) Cemetery, cremetor													
			1 9 m 1 00													
	Physician		gron, or noun randra.	List only	0110 04436 011	outilino.										al Between t end Death
	/Medical		Immediata Ceuse (Final		37. 1		D	0								
Ш	Examiner		disaasa or condition resulting in death)		a Metas											
		ē				Due to	(or as a cons	sequence	Of):						i	
	petr	Examiner			b. ———										<u> </u>	
-01	eeth certificata be executed attending physician and I for usa es tha buriel-transit	xa	Sequentially list conditions, if any, leading to immediate			Due to	(or as a cons	sequence	of):							
68760,	siciar buri		causa. Entar Underlying Cause (Disease or Injury that initiated events	~	C										1	
387	phy:	edicai	resulting in death) Last			Due to	(or as a cons	equance	of):							
×	ding	₹			d										1	
Bo	as that the deeth cer igned by the attendin be detached for usa	Physician													1	
0	the d	ysi	Pert II. Other significant con	ditions	contributing to d	leath but not r	esuiting in the	underlyi	ng ceuse g	iven in Part	I.	23b. Dld	tobacco us	e contribu	te to the c	ause of death?
0	that the ned by th detache		Congestive H	eart	Failur	e						1 🗆	Yes 2	No 3	Probably	4 Unknown
S,	signe d be	b									_			T		
ecord	law requiras as been sign s 2 should be	Completed										24a. Was	an autopsy ormad?	246	available	opsy findings prior to
ec	has b	ple					_								of death?	on of ceuse
œ	The ata h	0										10	Yes 2	No	1 🗆 Yes	2 No
Vita	icien: The certificata rector, pag	Be C	25. Was case referred to me	dical						26. Plac	e of Dee	ath (Check only	one)			Λ
>	Physicien: The la this certificata he ral director, page	0	examiner? 1 ☐ Yes 2 ☐ No		Hospital:	Inpatient 2	☐ ER/Outpat	ient 3	DOA O	ther:		oma 5 🖫 Ras		T∩ther /Sr	necify)	
o	F F F	T.	27. Manner of Death		28a. Date	of injury	28b. Time	of	28c. inju		aranig (1	28d. Describe			outy)	
O	Attending is death. actor: After by the funer	tio	1 GNatural 5 ☐ Pe 2 ☐ Accident in	ending restigation	-	oth, Day Year)	Injury	y M		ork?]Yes 2.∐	No					
S	dea ctor y the	fica	3 ☐ Sulcide 6 ☐ Co	ould not b	98 DI	a of Injury - At	home farm	street fac	tory office			28f. Location	Street and I	Vumber or i	Rural Route	e Number
Division	구 # 등 드	Certification:	4 ☐ HomicIde	nemmed		ing, etc. (Spe		oti ooti, iai	nory, omoc				wn, Stete)			
	To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the		29a. Certifier 1/7 Cert	ifuina Pi	veicles: To the	beet of my k	nowledge de	oth occur	rod at the t	imo data ar	d place	, end due to the		d mann as	an stated	
	Hos 24 h Fun etely	edical		icai Exa	miner: On the b	asis of exami iner stated.	netion and/or	Investiga	lon, in my	opinion, dea	th occu	rred at the time.	date and pl	ece, end di	ue to the ca	ause(s)
	thin the	Me	29b. Signature age file of ce	riden	- Aller III all	inei stateu.			29c Licen	ise number			29d. Date s	slaned (Mo	nth Day V	(ear)
	F 3 F 8		1	1	//	N	D	,		002194	4.3			13,		/
	(0)		1 Jay	4	_	_ /			טט עב:	00219	1)		June	15,	1771	
	121		30. Name and address of per	non who	completed ceu	se of death (It	em 23a) (Typ	e, Print)								
	()		Van Ummerse		.D. 38	00 Res	ervor	Rd.	N.W.	Washi	ngto	n, DC 2	0007			
	Sta		31. Date filed (Month, Day, Y		71	egistrar's SIg	neture	al.								
	Registr	ar	JUN 18	133	July	No Kody		-								

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Marvland / Department of Health and Mental Hygiene

						Cer	tificate of	Death	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Reg. No.	l lin	0122
	Physic	ian.	1. Decedent's Name (First, Middla, L	ast)					2. Date of De Month			. Time of Death
	Pnysic /Medi		KENNET	HR, COO	OK				JUNE	18	1997	18:25 PM
	Exami		4a. Facility Name (If not institution, g	ive street and number))			4b. City, Town, or		h 4c. County	of Death	1
			PRINCE GEDI	PGES HOSP	ITAL C	ENTE	R	CHEVERL	->/	PRINC	EGEOR	GES
	Funeral Director		215-44-5419	1 TVM 2 TE	ge (In yrs. last	birthday) Yrs.	If Under 1 Yaar Months Days		8. Data of Bir (Month, Da Oct. 3	ly, Year)	9. Birthplace Country) Virgin	(State or Foreign
	pur *		Usual Residenca of Decedent 10a. State 10b. County		10c. City, T	our or Lo	antion					
	sho	5	Maryland Prince	George 's			tville					Inside City Limits 1 ☐ Yas 2 ☑ No
	with the Na or 28a-	Director	10e. Street and Number 3420 Walters			OICD.	10f. Zip Code 2074	7		10g. Citizen of U.S.	What Country?	•••
020	n 72 hours efter death with the Meryland "natural", or items 23a or 28a-f show solgal Examiner must be notified at	by Funeral	11. Marital Status 1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 Yes 2 X If Yes, Give Year or Dates:	?		Vas Decedant of Yes, specify Cut	Hispanic Origin? (S pan, Maxican, Puerl Specify:	pecify Yes or No to Ricen, etc.)	14. Rad Bia	ce - Americen I ck, White, etc.	ndian,
21215-0020	n 72 hoi "natura	Completed by	15. Decedent's i (Specify only highast g	Education rade completed)	1	6a. Deced	ent's Usuel Occu	pation during most of word ed)	rking	16b. Kind of B	usiness/Indust	ry
212	filed within Hygiene. ther than "	E C	Elementary/Secondary (0-12) 9th	College (1-4or : N/A			Mechani			Morrage		ha h d a
	be filed htal Hygid of other event, I		17. Fether's Neme (First, Middle, Las			Auto	Mechani	1	me (First, Middle,		Gas S	tation_
lan	D 22 D 9	To Be	Kenneth Coo					Annie	Mae Gi			
Maryland	d 2 should by th and Menta 7 Is marked traumatic ev	-	19a. Informent's Name/Relationship		1	9b. Meilin	a Address (Stree	t and Number or Ru			State Zin Cor	n(a)
	d 2 the		Margaret Cook (Wi		1			Lane For		-		
re,	- T 5 5		20a. Method of Disposition		20b. Place	of Dispos	sition (Name of		e 23,	20c. Location		State
9			1 Burial 2 □ Cremation 3 4 □ Donation 5 □ Other (Spec		_	-	atory or other pla		e 23, 1997	North ('arolin	2
Baltimore,	교투문을		21. Signature of Funeral Sarvige Lice	**	NOCK	_	unt Mem. Name and Addr		ee Fune:			a
ñ	Depa Impo any Ir		NAL Chr	11-				Alexandri				d 20735
	_		23a, Part1, Enter the disaase, or cor	mplications that cause	d the death [proximate
	Physician		23a. Part 1. Enter the disaase, or con shock, or heart feilure. List only	y one ceuse on each li	ne.		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	org, out or our ord	or raspiratory a	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Inte	erval Between set and Death
	/Medical		Immediate Ceuse (Final	IL PAPER	12111-	000	21000151	2000 - 22	2010 100	CHILLY O	6000	
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_		Jer			Due to (or as	a conseq	uerica or).				1	
	rificate be executed ng physician and as the bunel-transit	Examiner	Sequentially list conditions	b. —	Due to (or as	a conseq	uence of):				1	
ó	an ar		Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying									
68760,	ysicia be bu	edical	that initiated events	C	Due to (or as	a consequ	uence of):					
	tifica ng ph as th	Med	resulting In death) Last		10 (0. 20	- 00,1004						
Box	8 9			d							1	
	death e etten ed for u	sicis	Part II. Other significant conditions	contributing to death b	ut not resulting	g in the un	derlvina ceuse ai	ven in Part I.	23b. Dld	tobacco usa co	ntribute to the	cause of death?
s, P.O	es thet the de igned by the e be detached f	by Physician/I								Yes 2□No	3 Probabl	~
Records,	aw requir 1s been s 2 should	Completed								an autopsy rmed?	availab	utopsy findings ble prior to etion of ceuse h?
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ita	ysician: The	Be (25. Was cese referred to medical					26. Place of Dea	ath (Check only o	one)		
of Vital	0 0	To	examiner? 1 Nes 2 No	Hospital:	ent 2 ER/	Outpatient	35 DOA Ot	her: 4 Nursing H	lome 5 Resid	dence 6 Oth	er (Specify)	
	Attending Ph r death. ector: After th by the funeral	Certification:	27. Napper of Death 1 Natural 5 Pending 2 Accident invastigation	28a. Date of Inju (Month, Da	ry y Year) 28t	o. Time of tnjury	28c. Inju Wo M 1	ryat irk?]Yes 2 □ No	28d. Describe I	how injury occur	red	
Division	l or Attendent efter deat Director:	ertific	3 ☐ Suicide 6 ☐ Could not I 4 ☐ Homicide detarmined		ury - At home c. (Specify)	, farm, stre	et, factory, office		28f. Location (S City or Tov	Street and Numb vn, State)	er or Rural Ro	ute Number,
	To the Hospital or Attending I within 24 hours efter death. To the Funeral Director; After completely filled in by the funer	edical C	(Check only 2 Medical Exa	hyalclan: To the best of miner: On the basis of	of my knowled	ige, death	occurred at the ti	me, date and place	, and due to the	cause(s) end me	enner as stated	f. cause(s)
	To the within 2 To the f	Med	one)	end menner sta	ated.							
	T Will		29b. Signature and title of certifier	CARD S	LAG		29c. Licen	MEDICAL 1		29d. Date signe	19 199	7 ear)
			30 Name and address of person who	completed cause of a				POUR CH	WENTER I N	-AAA 2.	1110	2000

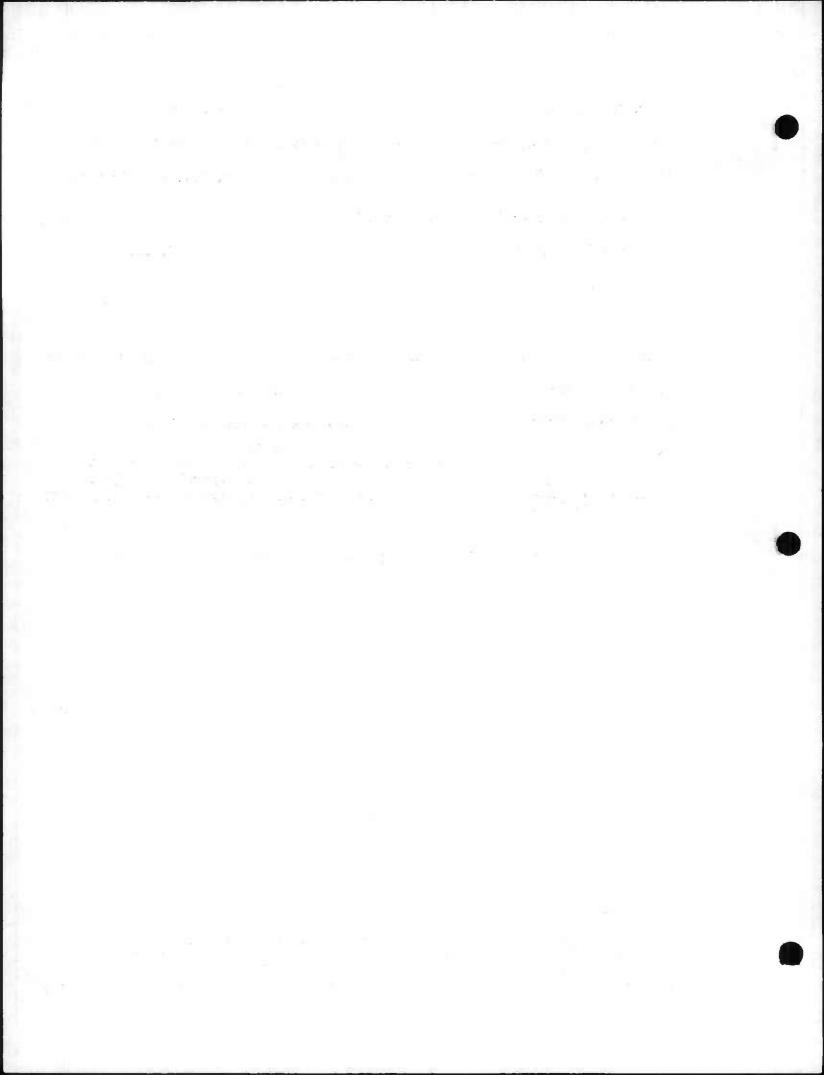
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JUN 2 4 1997

Registrar

State

DHMH 16 Rev 6/95



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ATI	HERINE	С	ARPENTER		State	of Ma	rylan					Health and I	Mental Hy		9	7 21	0020
			1. Decedant's Nama (First, Midd	la, Las	t)								2. Data of D	Reg. No.		3.	Tima of Death
	Physic		CATHERINE PA	TRI	CIA CA	RPFN	TFR						Month JUNE	Dey 17	1 0	Yeer	12:40
а	/Medi Exami		4a. Facility Nama (If not Institutio									4b. City, Town, or			_	of Death	12.40
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т	Funeral	г	5. Sociel Sacurity Number	6. Se			(In yrs.		thday)	If Under 1	Year	If Undar 24 Hrs	8. Deta of B				
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	/land		10a. State 10b. County	,			10c. Cit	y, Towr	or Loc	ation						10d. le	nsida City Limits
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	death	Jera	11. Marital Status	10	12. Wes Dec		ver in U,	S.	13. W	as Dacedar	_	Hispenic Origin? (S an, Maxican, Puert	pecify Yas or N			e - American In	dien,
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			23a. Part1. Enter the disease, or shock, or heart failure. List	only o	na causa on a	ausao t	na daatr	n. Do n	iot antai	tha moda	ot ayı	ng, such as cardiad	or raspiratory	arrast,		Inta	roximata rval Batwaen et end Death
Đ.	Physician /Medical		tmmediata Causa (Final		1	-0					1.5					Olis	et end Death
	Examiner		disaasa or condition rasulting in daath)		a. Du	TUS	೧೯	KR	om	70	45	FM ORRIA	145			1	
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οl	g Ph er th		27. Manner of Death		28a. Data			28b. T		280	. Inju	ry at	28d. Dascribe	how Injury o	ccurr	ed	
0	Attending at death. ector: After by the fune	atlo	1 □ Natural 5 □ Pandir 2 □ Accident investi	gation	(MOII)	vay			njury	М		Yas 2□No					
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Ö		Certification:			bund	ng, au.	(opeuil)	7/					Shy or re	, owney			
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	24 hg Fun letely	ğ	one) 247 Madical	Exami	Iner: On tha b and men	asis of a ner state	xamınat ed.	uon and	vor inva	istigation, in	n my c	opinion, daath occu	rred at the time	, data and pla	aca, a	ind dua to tha	cause(s)

State Registrar

31. Data filed (Month, Day, Year) JUN 2 4 1997

MARY MINDS

32. Registrar's Signatura

and addrass of person who complated causa of death (Itam 23a) (Type, Print)

29c. Licansa number

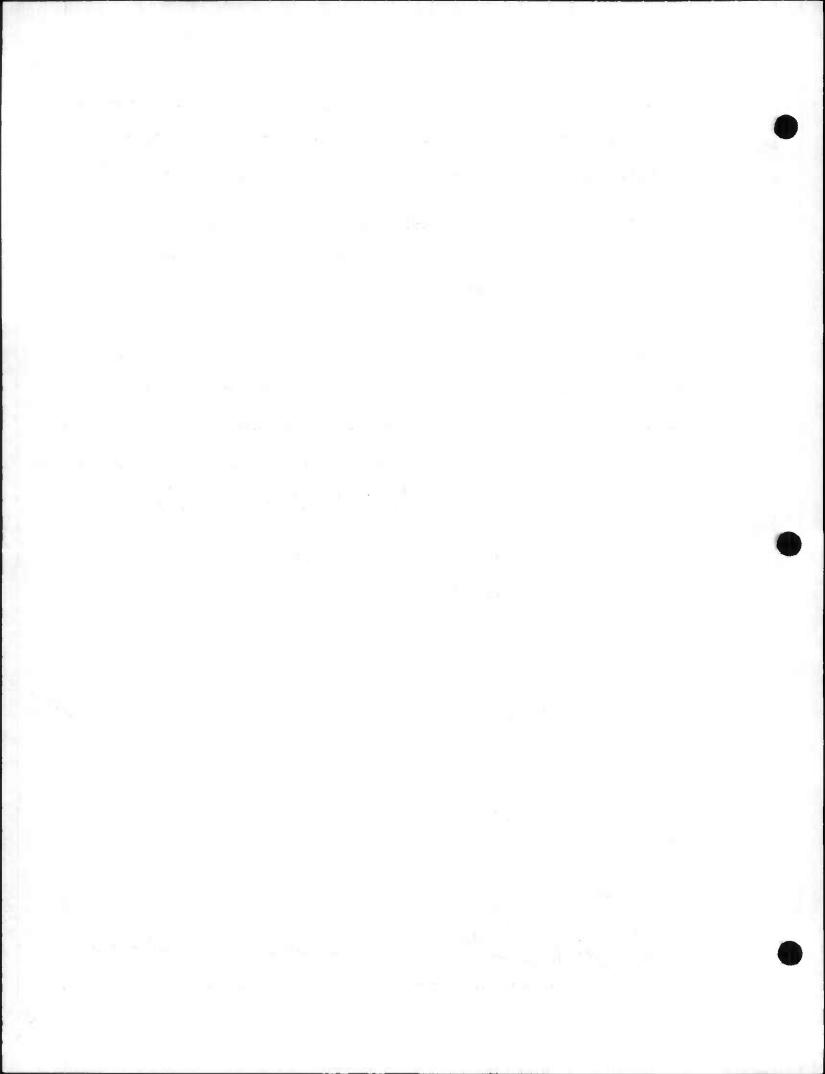
O.C.M.E.

A - LONSW111 Penn Street, Baltimore, Maryland 21201

29d. Data signed (Month, Dey, Year) JUNE 19,1997

State of Maryland / Department of Health and Mental Hygiene 9 7

						Ce	rtificate	of	Death		R	eg. No.		-0101
	-		1. Decedent's Nama (First, Middla, Lu	ast)						-	2. Deta of Deat	h	Maria	3. Time of Death
	Physici /Modi		Paul L.				C	am	pbell		June	13	1997	4:22PM
	/Medi Examir		4a. Fecility Neme (If not institution, git The Men			tal			4b. City, Tov East		cation of Death	4c. Count	y of Death	
	Funeral Director		281-03-5154	Sex 15⊈M 2□F	7. Age (In yrs. 91	last birthday Yrs.	If Under Months	1 Yaar Deys		Min.	8. Data of Birth (Month, Dey, July 6			leca (Stata or Foreign try) Lngton, DC
	pue *		Usuel Residence of Decedent 10a. Stete 10b. County		10c Cit	y, Town or L	ocation							0d. Inside City Limits
	the Maryl 28s-f sho	Director	Maryland Carolis	ne		415		0-4-		Gre	ensboro			1 ☐ Yas 2 No
	with with	Ö					10f. Zip (1	0g. Citizen of	Whet Coun	try?
	Jeeth	Funeral	12495 Gardner La		edent Ever in U	.S. 13.	Wes Decede		lispanic Orio	nin? (Spe	cify Yas or No-	USA 14. Re	ce - Amaric	an Indien.
21215-0020	permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23a or 28e-f show any follupy or other traumatic event, tra Medical Examine, must be notified at ance.	by	1 Nevar Merried 2X Merried 3 Widowed 4 Divorced	Armed Fo 1 Yes If Yas, Giv Year or Da	2 (X) No		If Yes, speci 1 ☐ Yes 2			, Puerto I	cify Yas or No- Rican, etc.)		ick, White,	atc.
5-0	72 ho	Completed	15. Decedent's E (Specify only highest gr.	ducation		16e. Dece	dent's Usuel kind of work	Occup	pation	ad wards	20	16b. Kind of E		
21	ithin ne.	npie	Elementery/Secondery (0-12)	College (1	-4or 5+)	life.	DO NOT use	retire	d)	OF WORKI	ng			
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\mathbf{z}	od 2 s Ith an 27 is		Ann Campbell	rype, rint										
Baltimore,	r Hea F Hea Tem S		20e. Method of Disposition		20b. P	Plece of Disp	sition (Nem	a of		ne G	reensbor	O Mary 20c. Location		
E	Page ent o nt: If I		1 Donation 5 ☐ Other (Specific		Stete	Greensl				6	/14	Croops	howo	Manueland
ä	mit.		21. Signature of Funeral Service Lice	•			2. Name end				/ 14	Greens	,0010	Maryland
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			23 Part1. Enter tha disease, or com shock, or heart feilure. List only	plications that co	aused the deet									Approximata
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	es that the death certificete be executed igned by the ettending physician and be deteched for use as the buntal-trensit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying			r es e conse	quence of):							
68760,	sician burle	<u>8</u>	cause. Enter Underlying Cause (Disease or injury that initiated events	C										
687	ficete physical se the	Medical	resulting in death) Lest		Due to (or	ras e consec	quence of):						!	
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ita	certificate rector, pag	Be (25. Was case referred to medical axaminer?						26. Plece	of Deeth	(Check only on	е)		
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Division of Vital Records,	or Attending Physician: after death. Director: Atter this certific in by the funeral director,	Certification:	27. Menner of Deeth 1 Naturel 5 Pending 2 Accident Investigatio	n	of injury h, Dey Year)	28b. Time o Injury	f 28	c. Injui Woi 1 🗌	ryet rk? ∣Yes 2 🗆 N		28d. Describe ho	w Injury occur	rred	
DIVI	al or Atto	Certific	3 ☐ Sulcide 8 ☐ Could not b 4 ☐ Homicide determined	28a. Pieca	of Injury - At ho ng, etc. <i>(Specif</i>)	ome, farm, st y)	reet, factory,	office		2	28f. Location (St. City or Town		ber or Rure	Route Number,
	To the Hospital or Attending Physician: The I within 24 hours after death. To the Funeral Director: Atter this certificate his completely filled in by the funeral director, page	edical	29a. Certifier (Check only one)	nysician: To the niner: On the ba	isis of exemine	wledge, deat tion end/or In	n occurred e vestigetion, i	t the tir	me, dete end opinion, deet	d plece, e h occurre	and due to the ce ad et the time, de	ouse(s) end m ete end plece,	enner es st end due to	eted. the cause(s)
	To the To the Control	Σ	29b. Signature and title of certified	1	DON	2	29c.	Licens	se number	2	29	ed. Dete signe	ed (Month, 1)	Dey, Year)
,			30. Name and address of person who						Marri		21620			
	Sta	te	Dr. Jeffrey T. I		P.O. Bo		Delico	ıı,	пагута	Dill	21629			
	Registr		JUN 16'97		Lairdson		2							
						1					-			



State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificate c	of Death	1		Reg. No.		
Г	Dhasia		1. Decedent's Neme (First, Midd	fle, Last)						2. Dete of D		Veer	3. Time of Death
	Physic /Medi		Dorothy	Irene	Cove	У				June	7 19	9 ^{Year}	11:45 A
	Exami		4e. Facility Neme (If not institution	on, give street and no	umber)			4b. City, To	own, or L	ocation of Dear	th 4c. Count	y of Deeth	1 /
			Genesis Elde	erCare -	The P	ines		E	ast	on	Та	lbot	
	Funeral		5. Sociei Security Number	6. Sex	7. Age (In yrs.		If Under 1 Ye	ar f Unde	r 24 Hrs.	8. Dete of Bi	rth	9. Birthp	iece (Stete or Foreign
	Director		220-28-4846	1□M 2只F	91	Yrs.	Months Da	ys Hours	Min.	Oct 2	rth ay, Year)	Ma	ryland
	9		Usuel Residence of Decedent						-				
	how		10a. Stete 10b. Count	у	10c. Cit	ty, Town or Lo	ocation					1	0d. inside City Limits
	Wa I	Ş	Maryland Car	roline		Ride	gely						1√ Yes 2□No
	2 28	Directo	10e. Street and Number				10f. Zlp Cod	е			10g. Citizen of	Whet Cour	itry?
	23a (ai	First St.				2	1660			US	A	
	n /2 hours after death with the Maryland "natural", or Hema 23a or 28a-f ehow edical Examiner must be notified at	Funeral	11. Maritei Status	12. Wes Dec	cedent Ever in U	,S. 13.	Wes Decedent	of Hispanic Or	rigin? (Sp	ecify Yes or N	o- 14. Ra	ce - Americ	
9	or he		1 ☐ Never Merried 2 ☐ Me	rried 1 ☐ Yes If Yes, G	orces? 2∰ No		1□ Yes 2🖺 !			riioan, etc.)		ck, White, whi	
2	E E	Completed by	3 Widowed 4 □ Divorce	d Year or (Detes:		10168 201	чо зресну	•		Specil	y: W112	
ה	within 72 ho liene. r than "natur	e e	15. Decede	nt's Education est grade completed)	16a. Dece	dent's Usuei Oc kind of work do DO NOT use re	cupetion	st of work	rina	16b. Kind of B		
7	C - 6	pide	Elementery/Secondery (0-12)		(1-4or 5+)			_	3(0/ 4/0//	ary .			School S
7		000	8			food	prepara	tion			Ridg	ely S	chool
	d othe	Be	17. Fether's Name (First, Middle	, Last)							, Meiden Sumei	ne)	
	snould be ind Mental i marked o umatic eve	2	Alfred Lord					Annı	e We	aver Lo	ord		
ā	and and		19e. Informent's Neme/Reletion	shlp (Type, Print)		19b. Meill	ng Address (Str	eet and Numb	er or Rui	ral Route Numi	ber, City or Town	, Stete, Zip	Code)
	0515		Cheryl Warren	Alfes		7383	Brett R	d., Ea	ston	, MD 2	21601		
2			20a. Method of Disposition			Plece of Dispo	osition (Neme of metary or other	pleca)		Dete	20c. Location	- City or To	wn, State
Ĕ,	nent of i		1 XBuriai 2 ☐ Cremetion 4 ☐ Donation 5 ☐ Other (y Cemet		1	6/10/97	Ridgel	y, MD	
Baltimore,	교원은 등		21. Signeture of Funerel Service	Licansee		2	2. Neme end Ad	dress of Fecil	lity				
מ	Depa Impo		1/1 11	El. 11			_			in Fune	eral Hom	e	
			23a. Pert1. Enter the disease, o	or complications that	caused the deet	b. Do not en	reensbo	ro, MD	s cardiac	or respiretory	arrest		Approximate
	hvoleian		shock, or heart feilure. Lis	t only one ceuse on	eech ilne.		^	cyg, 000		0	1		Approximete tntervel Between Onset end Death
	Physician /Medical		immediete Ceuse (Finei	1.1	1 mil	100, 1	Orall	1 1:	10,	TADION	0.44		ch d
E	Examiner		disease or condition resulting in deeth)	a. Ny	1 / na	acc c	e will	a co	ney	[DO CHAN	rasas		70
Ь.		6		Co	Due to (c	or es e consec	quence of):	. 0	1			i.	
3	nsit in	Examine		b .	ree co	of GU	yeru	recer	2				
6	ding physician and ise as the burial-transit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	1	Due 10 (0	or es e consec	quenca or):					1	
68760,	slcia bur		Cause (Disease or Injury thet initiated events	C	Due to to								
0	phy st	Medical	resulting in deeth) Lest		Due 10 (0	r es e consec	luence or):					_	
				d									
מ	e atten	Physician	Dort II. Other elevideest conditi	lana contribution to d	tanda tandan and	ulate e te ake i i	-4-4-10	abandla Ban		005 DI	lanharan		Ab
9	signed by the atte	hys	Pert II. Other significant conditi		leath but not res	uning in the u	ndenying cause	given in Pert	t.		. /		the cause of death
7	ded b		Hyperon	Erson						1	Yes 2□No	3 Proi	bably 4 Unknow
Vital Records,	edules bould be	d by								24e. We:	s en autopsy	24b. W	ere autopsy findings
Ö	been si should	ete								perf	ormed?	9V	ellebie prior to mpletion of cause
	2 C	Completed									/		death?
	para									10	Yes 20No	10	Yes 2 No
טו אוופ	s certificate director, pag	Be	25. Wes case referred to medical examiner?						a of Deel	th (Check only	one)		
5	0 0	2	1 Yes 2 No	-		ER/Outpatler	1 3L DOA		ursing Ho		idence 6 Dot		y)
		Certification:	27. Menner of Death 1 ☐ Natural 5 ☐ Pendi	ing 28a. Dete	of injury oth, Day Year)	28b. Time o Injury		njury et Work?		28d. Describe	how injury occu	rred	
Division		cati	2 Accident invest 3 Suicide 6 Could	tigetion			M 1	I□Yes 2□	No				
≥ :	irect irect	E	4 ☐ Homicide deter	mined 200. Pleci	a of injury - At he ling, etc. <i>(Specif</i>	ome, ferm, str y)	eet, fectory, offi	CB			(Street end Num wn, State)	ber or Rura	I Route Number,
נְ כ	E E												
- Contract	within 24 hours after death. To the Funeral Director: completely filled in by the	edical	(Uneck only 2 Medical	ng Physician: To the b	pasis of examina	wiedge, deetl tion end/or in	n occurred at the	e time, dete e	nd pieca, eth occur	and due to the	cause(s) and m	anner as st	lated. the cause(s)
4	the the	Med	one)	end mar	nner steted.					1			
F	N P O		29b. Signeture end title of certific	715001) M.		SAC. FIG	ense number			29d. Dete signe	Month,	Jay, 1981)
			P VV -V W	10000	1	16		08/1)		4/9	17/	
,			30. Name end eddress of person	who completed cau	se of deeth (Item	n 23e) (Type,	Print)	. /		II.	00.0	/	0100
			MILLIAM WOOD	MD	50G _	DUEW	IND H	KNUK		FASTI	INI NO) (21601
	Sta	ate	31. Dete filed (Month, Dey, Year	32.1	Registrar's Signa	ture onthe	2.00				/		
	Regist	rar	JUN I	71		mon - Man	-						

State of Maryland / Department of Health and Mental Hygiene

97 2020:

		Ce	ertificate of Dea	ath	Re	g. No.	1	20203
Dhusia	ian	Decedent's Neme (First, Middle, Last)			2. Dete of Deeth		V	3. Time of Death
Physic /Medi		Thomas E. Donaldson			June	1 4 1	497	0835
Exami		4e. Fecility Neme (If not institution, give street end number)	4b. Ci	ity, Town, or Lo	cation of Deeth	4c. County		
984		University of Manyland Medical S			rove	Ba	14, V	rore
Funeral Director		5. Sociel Sacurity Number 6. Sex 7. Age (In yrs. lest birthde) 71 Yrs.	y) If Under 1 Year If U Months Days Ho	Jndar 24 Hrs. ours Min.	8. Dete of Birth (Month, Day,)CT. 28,	Year) 1925	9. Birthpi Coun WASH	lace (Steta or Foreign try) INGTON , D
and and		10a. Stete 10b. County 10c. City, Town or I	Location				10	Od. Insida City Limits
death with the Maryland	Director	MD TALBOT EASTO	N					1 ☐ Yes ŽQNo
F 9 8	E E	10e. Street end Number	10f. Zip Code		10	g. Citizan ot V	Vhat Coun	try?
ath v	Ta .	8460 INGLETON ROAD	2160			US		
	by Funeral	11. Maritel Status 1 Never Married XXMarried 3 Widowed 4 Divorced 12. Was Decedent Evar in U,S. Armed Forces? 1 Yes, 2 No If Yes, Give Year or Detes:	Was Decadent of Hispen It Yes, specify Cuban, Me 1□ Yes 2∑∑Xo Specify Cuban	nic Origin? (Spe exican, Puerto I ecify:	cify Yes or No- Rican, etc.)		e - Amarica ck, White, e	
n 72 hc	Completed	(Specify only highest grede completed) (Giv	edent's Usuel Occupetion re kind of work done during DO NOT use retired)	most of worki	ng 1	6b. Kind of Bu	ısiness/Ind	lustry
ygier ygier rt.	S		CUREMENT O	FFICER	1	AERO	NAUT	ICS
	Be	17. Fether's Neme (First, Middle, Last)	18. 1	Mother's Name	(First, Middle, Ma	aiden Sumem	10)	
	2	LOUIS EDWARD DONALDSON			E. GON			
2 9 5 5			ling Address (Street end N					
feath feath m 27 ther tr		20e. Method of Disposition 20b. Place of Disp	O INGLETON	ROAD,				
Pages nat of nt: If he		1 ☐ Burial 2 Li Cremetion 3 ☐ Removei from State CHESADE	ematory or other piece) AKE CREMAT	TON		Oc. Location -		
permit. Ya Departmen Important: any injury: once.			R. L. L. C.		-18-97	CHES	TER,	MD
Department of the part of the		21. Signature of Funeral Service Lipease	FELLOWS, H	Fecility	TEN C	ו גל דגליגליבו דא	M EIT	NEDAT IIC
physician and sthe bunal-transit	Examiner	Immediete Cause (Finel disease or condition resulting in death) Bue to (or es a conse le le le le le le le le le le le le le	failure					5 days
5 6	Medical	Cause (Disease or Injury that initiated events rasulting in deeth) Lest C. Due to (or as a conservation of the conservation	quance of):					
by the at	by Physician	Part II. Other eignificant conditions contributing to death but not resulting in the Transitional Cell Bladde					otribute to	the cause of death
w requires that the death or sbeen signed by the attend should be deteched for us	Completed by	Transitional Cell Diagram			24e. Wes en performe		con	re autopsy tindings ilabla prior to appletion of cause
The law ate hes t page 2 s	mo				dalv	201		leeth?
	Be Co	25. Wes case reterred to medical		Diego of Dead	1) Yes		1 🗆	Yes 22 No
	0	exeminer? 1 Yes 2 No Hospitel: 1 Inpatient 2 ER/Outpetie	Other		(Check only one)		(Cit	
After fune	ation: T	27. Menner of Deeth Compared to the property of the propert		2	8d. Describe how			/
rect rect	Certification:	3 ☐ Suicide 4 ☐ Homlcide 6 ☐ Could not be determined 28e. Plecs of Injury - At homa, farm, st building, etc. (Specify)	treet, factory, offica	2	8f. Location (Stra City or Town,		er or Rurel	Route Number,
within 24 hours effect To the Funeral Direct completely filled in by	edical	29a. Certifler (Check only one) 1 Certifying Phyelclan: To the best ot my knowledge, deel 2 Medical Examiner: On the basis of exemination and/or in and menner steted.	th occurred et the time, det ovestigetion, in my opinion,	te end pleca, a , deeth occurra	nd due to the ceu d et the time, det	se(s) end mer e and piece, e	nner es ste	eted. the causa(s)
Tota	2	29b. Signature and title of certifier	29c. License numi	ber	290	. Date signed	(Month, E	Day, Year)
		Meander Todicus	79	92		lune	14	1997
		30. Name and address of person who completed cause of death (here 23a) (Type	Print)	~		0	•	
		University of Maryland Medi	tal System	- , De	pt. of	Surgi	eny	
		24 Data filed (Afrash Day Ward	1	1		6.3	1	

DHMH 16 Rev 6/95

Registrar

JUN 1 9 1997

Programme of the progra

e of Maryland / Department of Health and Mer	•	-	20204
Certificate of Death	Reg. No.		

							C	ertificat	e of	Death		Reg. No.			
П			1. Decedent's Name (First, M.	iddle, La:	st)			-			2. Date of De	ath		3. Tima	of Death
	Physic				ESTE	LLE G	LOVER D	EW			June 1	4. 1997	Year	1:35	A.M.
3	/Medi Exami		4a. Facility Nama (If not institu	ition, giv						4b. City, Town, or I	_		y of Death	12.00	
1	-Admi	101	William Hi	11 F	loalth	Cara				Easton		Tall	hot		
8	Funeral		5. Social Security Number	6. S	ax		yrs. last birthd	y) If Under		r If Undar 24 Hrs.	8. Data of Bir	th .	9. Birth	olaca (State	or Foreign
	Director		577-05-1776		□ M 2□xF	88	Yrs	Months	Days	Hours Min.	Jan. 1	y. Year) 3, 1909	Nort.	h Car	olina
	fand fand		Usual Residence of Decedent 10a. Stete 10b. Cou			100	c. City, Town or	Location			-			10d. inside	
	within 72 hours after death with the Maryland ene. than 'natural', or items 23s or 28s-f show he Medical Evantine must be notified as	tor	Maryland Talb	ot			East	on						1 XYa	s 2 No
	or 28	Directo	10e. Street and Number					10f. Zip	Code			10g. Citizen of	What Cou	ntry?	
	23a c	aic	501 Dutchmans	Lar	ne .				216	01		U.S.	Α.		
	items :	Funeral	11. Marital Status		12. Was Dec	edent Ever	in U,S. 1	3. Was Deced	dent of	Hispanic Origin? (Sa	pecify Yes or No	- 14. Ra	ce - Americ		
0	or its	F	1 Navar Married 2 N	farried	1 Yas	2 XNo		_	0.0	ban, Maxican, Puart	o Hican, atc.)		ck, Whita,		
00	ours	by	3 Widowed 4 □ Divore	ced	If Yes, G Year or I			1 ☐ Yes	2LXNo	Specify:		Speci	by: Whi	te	
21215-0020	72 hours natural', dical Eu	Completed	15. Deced (Specify only hig	dent's Ed	ucation)	16a. De	cedent's Usua	al Occu	pation	kina	16b. Kind of E	Business/In	dustry	
21	ithing and a second	햩	Elementary/Secondary (0-1)	-		(1-4or 5+)				during most of worl ed)	nary .				
2	TO SO IN SO	S	11				Hou	sewi fe				Hor	ne		
Pu	be filed tal Hygi d other event, t	Be	17. Father's Name (First, Midd	,						18. Mother's Nam		Maiden Suma	ma)		
Maryland	s 1 and 2 should be filed f Health and Mental Hyg item 27 is marked othe other traumatic event,	2	John Richa							Maggie	Finch				
lar	2 sho and and is m		19a. informant's Name/Relation			1.4				and Number or Ru					
2	other tra		Barbara A. Sh	ocki	ey Da	0				nd Dr. Oa	kland, (Callion	nıa	94611	
ore	igas 1 It of H If iter or oth		20e. Method of Disposition 1 Burlal 2 ☐ Crematic	v 3□	Bamayai fram	01-1-		rematory or o	ther pla		Data	20c. Location			
E	Pagas nent of ant: If it ury or o		4 □ Donation 5 □ Other			I	Parklaw	n Ceme	ter	y June16	, 1997	Rockvi	lle, l	Maryl	and
Baltimore,	permit. Paga: Department or Important: If i any injury or once.		21. Signature of Funeral Servi	ice Licen	100	1				ess of Facility					
00	20529		Donus	ml	7	on				E. Leonar				- 1 0	1000
	W 17 11		23a. Part1. Enter the disease shock, or heart failure.	or comp	olications that	causad tha	daath. Do not	ontar the mod	la of dy	lbot St.	or respiratory a	naers, r rrest,	waryi	Approxima	ata
J	Physician		snock, or heart failure. I	Jist only (one cause of	each iine.								Onset and	
	/Medical		Immediate Cause (Final					_					1	1	
1	Examiner		diseasa or condition rasulting in death)		a	2.	to for as a con-			f			-	day	5
		ě				Due	to (or as a con	sequence of):		L'infe	24	4	1	1	
	tricate be executed g physician and as the burial-transit	Medical Examiner	O		b. ———	wi	Mark	1 71	oc	Tute	9/1		•	days	
Ć,	ertificate be execu- ding physician and se as the burial-trai	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseasa or injury			Due	to (or as a con	sequence or):					i i		
26(sicia bur	(S)	Cause (Diseasa or injury that initiated events	<	C	Duna	. (_				
68760,	flicat phy ss th	8	resulting in deeth) Last			Dua	o (or as a cons	sequence of):					i		
XO	eath certif attending I for use a	2			d								1		
m	ires that the death cert signed by the attendin d be detached for use	Physician	Part II Other eignificant cond	litiana as	maribo vide — to m	lands but and	resolution to the		1	basels Dodd	ont Did	A-6			-4-41-410
0	the day the	hys	Part II. Other significant cond							7.1		tobacco use co			
O	that hed b	by P	arteria	501	grotee	ca	rd17/0	Sulo	1	disease	, 10	Yes 21 No	3 Pro	DelDity 4	Unknow
Records,	requires een sign hould be	d b	demen	1.	do .		-				24a. Was	an autopsy	24b. W	ara autopsy	findings
00	- 0 0	ete	denen	PIA	pr	09/2	15.WX				perfo	med?	av	ailable prior	to
Re	has has	Completed										37	of	death?	
<u></u>	E # 8										10	res 2X No	10	☐Yes 2[□No
Vital	Physician: The this certificata rail director, pag	Be	25. Was case referred to med axaminer?		Hospital:				0	26. Place of Dea	th (Check only o	one)			
o	\$ 000	2	1 Yes 2 No		1 1 1		2 ER/Outpat)A		ome 5 Resi			y)	
Ľ.	ding Ph. h. After thi	on	27. Manner of Death 1 Matural 5 ☐ Pen			oth, Day Yea	28b. Time Injur	y		ork?	28d. Describe	how injury occu	rrea		
Sign	Attending or death.	cat	E [] 100100111	stigation id not be				М]Yes 2□No					
Division	or All	Certification:	4 Homicide	mined	200. PIEC	e of Injury - / ling, etc. <i>(Sp</i>	At home, ferm, ve <i>cify)</i>	street, factory	, offica		28f. Location (Street and Num vn, Stete)	per or Rura	ii Route Nu	m <i>ber</i> ,
	To the Hospital or Attend within 24 hours after death To the Funeral Director: completaly filled in by the		Y												
	Host 24 ho Fund taly fi	edical	Consect only 5 Medic	ying Phy ai Exam	Inar: On the c	asis of exen	knowiedge, de ninati <i>on</i> and/or	eth occurred a investigation,	at the ti	ime, date and placa, opinion, death occur	and due to the red at the time,	ceuse(s) and m date and piece,	anner as s , and due to	lated. the cause	(s)
	the the	Med	Orie)		and mar	nar statad.				se number					
	5 <u>¥ 5 0</u>		29b. Signature and title of cert	E	3	11.	0.	290	. Licen	so number		29d. Date sign	- (MOTHER)	Lay, rear)	

29b. Signature and title

29c. License number D25750

29d. Date signed (Monthy/Day, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Robert B. Sanchez M.D. 508 Idlewild Ave. Easton, Maryland

State Registrar

31. Data filed (Month, Day, Year) 32. Registrar's Signature

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

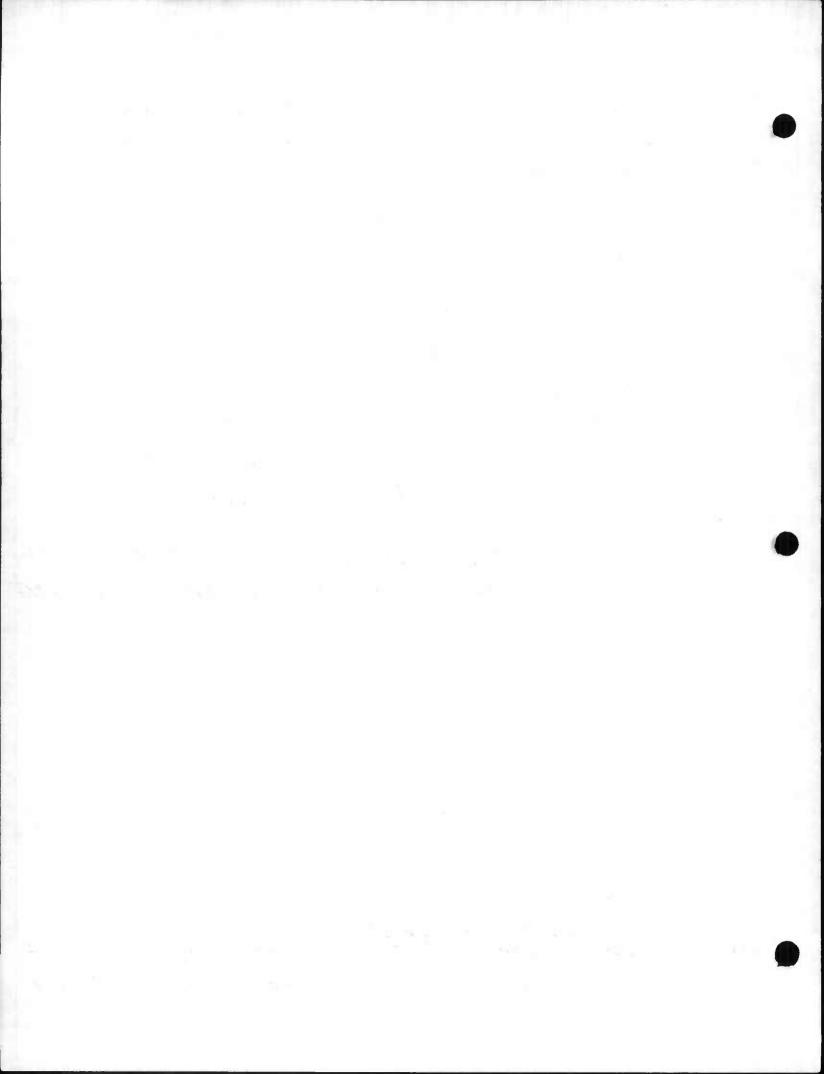
20205

				Certificate o	f Death	R	eg. No.		20200
ı	Physic	ian	Decedent's Name (First, Middle, Last)			2. Dete of Deet Month	th Dey	Yeer	3. Time of Death
	/Medi		John	Dames		June	13'	1997	2:26 AM
	Exami	ner	4a. Fecility Neme (If not institution, give street and number)		4b. City, Town, or Lo	cation of Deeth	4c. County	of Deeth	
L			Doctors Community Hospital	W. 11. 4 . 4 . 4 . 4 . 4 . 4 . 4 . 4 . 4	Lanham			ce Ge	eorge's
	Funeral Director		5. Sociel Security Number 6. Sex 7. Age (In yrs. last 154-14-0599 100 M 2□ F 73	birthday) If Under 1 Yee Months Dey	s Hours Min.	8. Dete of Birth (Month, Dey, Sept. 1,	Year) 1923	Coun	lece (Stete or Foreign itry) I YOCK
	land			own or Location				10	0d. Inside City Limits
3	the Marylar 28a-f show	ğ	Maryland Prince George's Seab	rook					1 ☐ Yes 2 ☑ No
green	with the Maryland a or 28a-f show	2	10e. Street end Number	10f. Zip Code		1	0g. Citizen of	Whet Coun	itry?
_	h with	ai D	9761 Good Luck Road	20706	6		Unite	d Sta	tes
050	hours after daal urel", or items :	by Funeral Director	11. Maritel Status 1 Never Married 3 Widowed 4 Divorced 12. Wes Decedent Ever in U,S. Armed Forces? 1 Yes, Give Yes, Give Yes or Detes:	13. Wes Decedent of If Yes, specify Cu	f Hispenic Origin? (Speuben, Mexicen, Puerto for Specify:	city Yes or No- Rican, etc.)	14. Rac	ce - America ck, White, e	an Indien, etc.
21215-0020	72 hours	B	100.00	6e. Decedent's Usuel Occ	upetlon	- B	16b. Kind of B	Wh1	
215		Completed	(Specify only highest grede completed)	(Give kind of work don life. DO NOT use reti	ne during most of workling red)	ng	100. 1010 01 0	001110301110	lustry
21	d within giena. Fr than	mo.	Elementery/Secondery (0-12) College (1-4or 5+)	Taxi Drive	r		Cab C	Compan	ıy
pu	be filed tal Hygod other	Be	17. Fether's Neme (First, Middle, Last)		18. Mother's Neme	(First, Middle, A	Meiden Suman	ne)	
yla	should be filed vand Mental Hygie	2	James Demestichas		Pota C	Carcanid	es		
Maryland	C/			9b. Mailing Address (Street	et end Number or Rura	Route Number	City or Town,	Stete, Zip	Code)
	1 and Health em 27		Martha Dames	Same as 10					
Baltimore,	ges 1 and 2 should t of Health and Mer If Nem 27 is marks or other traumatic		I L Durial 2 L Cremetion 3 L Hemovel from State	of Disposition (Name of stery, cremetory or other p			20c. Location -		
tim	tmen tant:			apeake Crema		-14-97	Beltsv	ille,	Maryland
Bal	permit. Pages 1 and Department of Health Important: If Ikem 27 any injury or other th		21. Signeture of Funeral Service Licensee	Rapp Fund 933 Gist	ress of Fecility eral Servic Avenue, Si	es, P. Iver Sp	A. oring.	MD 20	910
			23e. Pert1. Enter the disease, or complications that ceused the death. D shock, or heert feilure. List only one ceuse on each line.						Approximele Intervel Between
ı	Physician								Onset end Deeth
1	/Medical Examiner		Immediate Ceuse (Final disease or condition resulting in death)	YOCARD	IAL IN	FAR	OIT2	4 1	gay
		5	Due to (or es	a consequence of):				1	
	nsit	듵	- CORONA	,	TERY	215	EAS	3	
	ificata be axecuted g physician and as the burial-transit	Examiner	Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury	e consequence of):				į	
68760,	a be		thet initiated events	a consequence of					
	ifficat ng phy as th	Medical	resulting in deeth) Last	e consequence of):					
Box	andin usa	2	d						
	deati	Physician/N	Pert II. Other significant conditions contributing to death but not resulting	in the underlying ceuse (given in Pert 1.	23b. Did to	bacco use co	ntribute to	the cause of death?
P.0	by the	h	O 0 '	ELLITUS		1 □ Ye	1	3 Prob	
	as the	by	21116-113 41)		2		/ /		
Division of Vital Records,	The law requires that the death certificate be assocuted ate has been signed by the attending physician and page 2 should be detached for use as the burial-transit	Completed	HYPERTENSI	ho		24e. Wes er perform	n eutopsy ned?	con	ere autopsy findings bileble prior to inpletion of ceuse deeth?
8	The is	PO P				1 □ Ye	s 20 No	1	Yes 2 No
/ita	ysician: The is certificate director, pag	Be	25. Wes case referred to medical exeminer?		26. Plece of Deeth	(Check only on	θ)	-	
of \	5 00	ို	1 ☐ Yes 2 ☐ No Hospital: 1 Inpatient 2 ☐ ER/	Outpatient 3LI DOA	Other: 4 Nursing Hon	ne 5 🗆 Reside	nce 6 Oth	er (Specify)
n o	Attanding Physician: In death. ector: Aftar this certific by the funeral director,	00	27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28t.	o. Time of lnjury 28c. Inj		8d. Describe ho	w Injury occur	red	
sio	tandi leath tor: A	Certification:	2 Accident investigation		☐ Yes 2 ☐ No				
<u>≥</u>	or At offer of At of At	E	determined 28e. Plece of Injury - At home, building, etc. (Specify)	ferm, street, factory, office	9 2	est. Location (Sti City or Town		per or Rure	Route Number,
	To the Hospital or Attanding Phys within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral d		29a. Certifier 1K Certifying Physician: To the best of my knowled						
	Hos Pun Fun etely	edicai	29a. Certifier (Check only onle) 1 ☐ Certifying Physician: To the best of my knowled 2 ☐ Madical Examiner: On the basis of examination end menner steted.	ge, deeth occurred et the end/or investigation, in my	time, date end piece, e opinion, deeth occurre	nd due to the ce d et the time, de	ete end place,	and due to	the cause(s)
	o the	Me	29b. Signeture end title of certifier	29c. Licer	nse number	29	9d. Date signe	d (Month, L	Day, Year)
	4		or authors) X	DINI	OFY	9	6/1	18	97
	*		30. Name end eddress of person who completed cause of deeth (Item 23e	e) (Type, Print)	() 1		21	01	
			KJOSEPH MATHEW 65	16 KEAL	TSOENS	HAYE	. 21	NEO	DALE
	Sta	ite					W	0 56	737
	Registr	ar	31. Dete filed (Month, DJUN'16 1997 32. Registers Signature	son-Handell					OT

State of Maryland / Department of Health and Mental Hygiene 97

20206

							Cen	tificate of	Death		Reg. No.) _	.0200
	Dhuais		1. Decedent's Name (Fir	st, Middle, La	st)			. (.		2. Dete of D		Year 3	3. Time of Death
	Physic /Medi		Domir	710			7)	eGior	910	June	15 1	997 (06:06 PM
	Exami		4e. Fecility Neme (If not						4b. City, Town,	or Location of Dee	th 4c. County	y of Deeth	
Ĺ			Suburban H						Bethes			gomery	
	Funeral Director		5. Social Security Number 579-28-0405	5	Sex 7. Ag	e (In yrs. last bi 82	Yrs.	Months Days		fin. 8. Date of Bi (Month, D Oct. 2	rth (Year) 1, 1914	9. Birthplace Country Virgin	e (Stete or Foreign 11a
	and w		Usual Residence of Deci 10a. State 10b	. County		10c. City, Tow	n or Loc	ation				104	. Inside City Limits
	Many!	0	MD Mc	ntgome	rv	Kensi						100.	1 ☐ Yes 2 ☐ No
	the 28s	Director	10e. Street end Number	7110801110	, L J	Remori	1600	10f. Zip Code			10g. Citizen of	What Country	?
	3a o	0	10905 Jolly	Wav				20895			USA		
	death	Funeral	11. Meritel Stetus		12. Was Decedent	Ever in U,S.	13. W	as Decedent of I	lispenic Origin?	(Specify Yes or Nuerto Rican, etc.)		ca - American	
Maryland 21215-0020	in 72 hours effer death with the Maryland "natural", or Hems 23s or 28s-f show fedical Exp. Wher it will be invitted at	by	1 Never Merried 3 Widowed 4 1		Armed Forces? 1 Yes 2 1 If Yes, Give Yeer or Dates:	No		Yes, specify Cub ☐ Yes 2 🕅 No		ierto Rican, etc.)	Specif	ck, White, etc. by: Wh	ite
5-0	72 hc netur	eted	15. I	Decedent's Ed	ducation ade completed)	16e	. Decede	ent's Usual Occup	petion during most of	working	16b. Kind of B	usiness/Indus	try
121	d within jiene. r than "	Completed	Elementery/Secondary		College (1-4or 5	5+)		ind of work done O NOT use retire		Norwing .	Twoody	D	
12		S	47 5-4-14-14-1	44144- 64	4	CI	alms	Supervi			Treasur		rtment
and	d la b	Be	17. Fether's Neme (First,							Nam <i>e (First, Middle</i> Barbieri	e, Meiden Sumer	ne)	
2	d 2 should be th end Mental 7 is marked or traumatic eve	10	Giovanni De			400		A 44 10 10 10 10 10 10 10 10 10 10 10 10 10			41		
Ma	tra tra		Catherine M							Rural Route Numbersington,			ide)
e,	- P E E		20a. Method of Disposition		.01610			ition (Neme of etory or other ple		Date Date	20c. Location		State
no	Pages nent of I int: If Ite		1 XBurial 2 ☐ Cre 4 ☐ Donetion 5 ☐		Removel from State					6/10/07			
Baltimore,	교원관금 .		21. Signeture of Funeral			Gale 0	22	Name and Addre	metery	6/18/97	Sliver Collin	Spring	ral
Ba	Depe Impo any is		Leve	DS	inal		Si	lver Spr	ing, MD			West	Lui
Г			23e. Part1. Enter the dis shock, or heert fails	ease, or com- ure. List only	plicetions thet caused one ceuse on each li	I the death. Do	not ente	the mode of dyl	ng, such es card	diac or respiratory a	arrest,	Int	oproximate tervel Between
	Physician /Medical												naet and Deeth
ľ	Examiner		Immediate Cause (Final disease or condition resulting in death)		o. INTI	RAC	RA	NIA	L H	EMMO	RAGO	5	3 HRG
		ē			HV	Due to (or es e	consequ	ence of):	1.00-		. >	400	James
	uted d ansit	Examiner	0	•	e. /NT	Due to (or es a	VAI	15 4	TRDIO	UMSCUL	SPR DI	SEASE	INDE
Ć	exec In en	Exa	Sequentially list condition if eny, leading to immedicause. Enter Underlying Ceuse (Disease or Injury	ns, ate		Due to (or es a	consequ	enca or):				1	
68760,	ysicla	edicai	that initieted events	~	c	Due to (or es e	conseque	ence of):					
89 X	certificete be executed Iding physician end Ise as the buriel-transit	2	resulting in death) Last	l	d								
Box		Physician/											
0	the d	ıysi	Part II. Other aigniffcant	conditions o	ontributing to death b	ut not resulting in	n the und	lerlying cause gh	en in Part I.				e causa of death?
٩	es thet the igned by be detact									1 🗆	Yes 20 No	3 Probab	ly 4 ☐ Unknown
of Vital Records	requires men sign hould be	d by								24e. Wes	s en eutopsy	24b. Were	autopsy findings
00	20 00	ete								perf	ormed?	eveilal compl	ble prior to letion of cause
Re	hes hes	Completed										of dea	
<u>a</u>	delan: The		25. Wes case referred to	medical					00.00		Yes 2 No	1 🗆 Ye	es 2 No
5	Physician: this certific	To Be	exeminer?	medical	Hospital:	nt 2 ER/Oι	trationt	3□ DOA Oth	nor:	Deeth <i>(Check only</i> g Home 5 ☐ Res		non (Conniba)	
			27. Manner of Deeth		28a. Dete of Inju	ry 28b.	Time of	28c. Inju			how Injury occur		
Ö	Attending Ir death.	atio	Neturel 5 ☐ 2 ☐ Accident	Pending investigation	(Month, Day	(rear)	njury		Yes 2 □ No				
Division	or Attend efter death Director: A	5	3 ☐ Sulcide 6 ☐ 4 ☐ Homloide	Could not be determined	260. Placa of Inji		ırm, stree	et, factory, office		28f. Location	(Street end Numb	per or Rural Ro	oute Number,
Ö	s efter s ofter al Dire ed in b	Certification:	T Comodo		building, etc	. (Specify)				Ony or 10	Wil, Siele)		
	To the Hospital or Attending Ph within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral	edicai	(Uneck only 2]	Certifying Ph	ysician: To the best of niner: On the basis of	of my knowledge	d/or Inve	occurred at the tie	me, date end ple	ece, end due to the	ceuse(s) end mi	anner es stete	d. e cause(s)
	To the Ho within 24 To the Fu completel	Med	one)		and menner sta	ited.	8	1					
		-	29b. Signeture and title o	centiler		2/1		29c. Licens	e unuper	00	29d. Date signe	a (Month, Day	r, rear)
	15+1		THE STATE OF THE S	u	and a	ne	L	DO	070	77	VUN	= 16	74
_			30. Name end eddress of	person who	completed cause of d	eath (Item 23a)		rint)	A D	3000	2 1	1) 3	11015
			31 Date filed (Month Do	V Year)	76 /02	US Signatura	RUU	voob/	10 Pe	1465	DN IV	102	1817
	Sta Registr	te ar	31. Dete filed (Month, Da	JUN 17	1997 Registra	who David	son-7	andelle					
					- 11			-					



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

97

							UE	Hunc	ale o	Deali	1			Reg. No.			
	Physic /Medi		1. Decedent's Name (-							M	ate of Declorth une	Dey	19 ^{Yaer}	3. Time of Death 9:50 A.	
7	Exami	ner	4a. Facility Nama (If no Manor Care							4b. City, T Whe	own, or L		of Death		ty of Deetl		
	Funeral Director		5. Social Security Num 579-22-384	1 1	ax □M 2又F		n yrs. lest birthday 75 Yrs.	Mont	dar 1 Yaa hs Dey		r 24 Hrs. Min.	8. De	ete of Birt lonth, De 20,	h 7. 1922	9. Birti Co Ohi	npiece (Steta or Fore untry) .O	rigr
	Meryland 4 show	or		ocedent Ob. County Montgome	ery	10	Oc. City, Town or I Wheaton	ocation								10d. Inside City Lim	
	sth with the Merylan 23e or 28e-f show	Funeral Director	10e. Streef and Number 11901 Geor		nue				Zip Code					10g. Citizan o			
020	vurs after death	by Funera	11. Meritel Stetus 1 ☐ Never Merried 3 월 Widowed 4 [12. Wes Dec Armed F 1 Yes If Yes, G Yeer or	orces? 2 1 No iva	ar In U,S. 13		cadent of specify Cu	Hispanic O Iban, Mexico		pecify Yo Rican,	es or No., etc.)		ace - Amai ack, White My: Whi		
Maryland 21215-0020	n 72 ho "natur	Be Completed by	(Specify Elementery/Secondo 12	5. Decedent's Ed only highest gra ery (0-12)	de completed) (1-4or 5+)		edent's L e kind of DO NO Mema		upation e during mo red)	st of worl	king		16b. Kind of		ndustry	
land	2 should be filed with and Mental Hygiene. Is marked other than sumatic event, the M	To Be C	17. Father's Nama (Fin	, .,	ermilio	on							, Middle, irlot	Meiden Sume te Sm	ma) ith		
	and 2 should last and Men n 27 is marke		19e. Informent's Nemo				P.O.	Вох	396		Leor			er, City or Tow 2068	_	ip Code)	
Baltimore,	permit. Pages 1 and 2 should by Department of Health and Menta Important: If Item 27 is marked any Injury or other traumatic evonce.		20a. Method of Dispos 1 Buriel 2 0 CD Depation 5	Cremetion 3 🗆		Stata	20b. Piece of Disp cometery, cri George W Medical	ashi Cent	ngto er			June 1997	711,	20c. Location Washin	gton,		
Ball	permit. Depart Import any inj		21. Signature of Funer	Tau (32	de	~ 9	Colu	mbia Anna	Morti Morti polis	lity Liary Rd.	Ser	vice	es Inc	0706		
ox 68760,	Physician / Medicate pe executed use as the burial-transit as the burial-transit as the prival-transit as the	n/Medical Examiner	Immediate Cause (Findisaese or condition rasulting in death) Sequentially list condition fany, leading to immediate. Enter Underly Cause (Diseese or injusted initiated events resulting in death) Las	tions, ediete ing ury	a. arter b c	Du	e to (or es a conse e to (or es e conse e to (or as a conse	quence	of):	store	Lev	èli	ean	t disa	ise	5yrs)
.O. Be	of the deeth by the etter	by Physicia	Pert ii. Other significa	nt conditions co	ontributing to d	leath but n	ot resulting in the	underlyir	g cause (given in Pari	i.	2		1		to the cause of dea	
Vital Records, P.	The law requires the ate has been signed page 2 should be de	Completed	genera Chronic	lizla obstr	espe.	II thee ep	rossk my a	eri	os eas	es e			4e. Wes perio	Yes 2 No an autopsy med? Yes 2 No	24b. \	Were autopsy finding ivaliable prior to completion of cause of death? Yes 2 No	
of Vii	Physician: this certific	To Be	25. Was case referred examiner? 1 Yes 25 No	Secondord 1	1	Inpatient	ER/Outpatio		DUA	other: 4 PK	lursing H	ome 5	5 ☐ Resid	dence 6 🗆 O		city)	
Division	After After fune	Certification:	2 Accident	5 Pending investigetion 6 Could not be determined	28e. Plac	of Injury oth, Dey You e of Injury ling, etc. (S	- At home, ferm, s	М		Yes 2	No	28f. Lo	ocation (S	Street and Nun		ral Route Number,	
	To the Hospital or Attent within 24 hours efter deat To the Funeral Director: completely filled in by the	edical Ce	29a. Certifier 11 (Check only one)	Certifying Phy Medical Exam	Iner: On the I	e best of m pasis of ex	ny knowledge, dee aminetion end/or i	th occur	ed et the	time, dete a	nd plece, eth occur	, end du	ue to the	cause(s) and r date end plece	nenner as	steted. to the cause(s)	
	To the within of To the comple	Med	29b. Signature and title	elex	long	Ste	an	2	29c. Lice	nse numbar	121	/		29d. Date sign	ed (Month	n, Day, Year)	
				F. Seng	stack,	M.D.		, Print)	392 Whe	9 Fernation,	rara MD 2	2850	ye 2				
	Sta	te	31. Dete filed (Month,	JUNIA	1997 32.	agis ars	Signetura										

State of Maryland / Department of Health and Mental Hygiene

20208

Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Date of Daeth PATRICIA **Physiclan** DIXDN 1997 01-30 PM ANN JUNE /Medical 4e. Facility Nama (If not institution, giva straat and number) 4b. City, Town, or Location of Death Examiner St. Martins Little Sisters of the Poor Baltimore Catonsville | Months | Days | Hours | Min. | 8. Date of Birth (Month, Day, Veer) | Paltimore, Maryland | August | 10, | 1953 | Baltimore, Maryland | 1953 | Baltimore, Maryland | 1954 | 1955 | Baltimore, Maryland | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 1955 | 195 5. Social Sacurity Number 7. Aga (In yrs. last birthday) **Funeral** 1 M 2 TF 219-64-7066 43 Yrs Director Usual Residence of Decedant 10a Stata 10b. County 10c. City, Town or Location 10d. Inside City Limita 28a-f show Lanham Prince Georges Director 1 X Yas 2 No 10e. Street and Number 9114 Rolling View Drive 10f. Zip Coda 10g. Citizan of What Country? 20706 U.S.A. Herns 23a Funeral 12. Was Dacadant Ever in U,S. Armed Forcas? Was Decedant of Hispanic Origin? (Spacify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. 1 Never Married 2 Married 1 ☐ Yas 2 ☐ No If Yes, Give Yaar or Datas: Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yas 2 No Specify: þ Specify. 3 ☐ Widowed 4 🕅 Divorced Caucasian Completed 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry should be filed within 7, and Mentel Hygiene. Elamantary/Secondary (0-12) Collaga (1-4or 5+) National Cash Register Supervisor 17. Father's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Peges 1 and 2 should be f nent of Heelth and Mentel I int: If item 27 is marked of William Brushe Thelma A. Miller 19b. Meilling Address (Street end Number or Rural Routa Number, City or Town, Stata, Zip Code) 9114 Rolling View Drive, Lanham, MD 20706 19a. Informent's Name/Ralationship (Type, Print) permit. Peges 1 end 2 s Department of Heelth er important: If item 27 is any injury or other trau William H. Brushe-Father 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) June 21, Gate of Heaven Cemetery Silver Soring, MD 1997 of Funaral Sarvice Licansi 22. Nama and Addrass of Facility Rendon/Hale Funeral Home 9013 Annapolis Road, Lanham, MD 20706 tar the disaasa, or complications that ceused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, heart failure. List only one cause in each line. Approximata Interval Betw Onsat and Death **Physician** METASTATIC DISEASE

Dua to (or es a consequance of):

CANCER CERVIX /Medical Immadiate Ceusa (Final disaasa or condition rasulting in death) Examiner Physician/Medicai Examiner Sequantially list conditions, if any, laading to Immadiata ceuse. Enter Underlying Ceusa (Diseasa or injury that initiated evants rasulting in daath) Last P.O. Box 68760, physician s the burial Dua to (or as a consaquance of) Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? Tultiple Scherosis 1 Yes 2 No 3 Probably 4 Unknown Records. ģ Completed Urinary track Infections 24a. Was an autopsy performad? 24b. Wera autopsy findings availabla prior to completion of ceuse of death? 1 Yas 2 ANO 1 ☐ Yas 2 ☐ No of Vital or Attending Physician: Be filled in by the funeral director, 25. Was cese rafarred to medical 26. Place of Deeth (Check only one) Othar: 4 Nursing Homa 5 Rasidance 6 Othar (Specify) Hospitai: 1 | Inpatiant 2 | ER/Outpatiant 3 | DOA 1 Yas 2 No 2 27. Manner of Daath 1 Natural 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how injury occurred After Division 5 Panding invastigation death. 1 ☐ Yas 2 ☐ No 2 Accident efter death 6 Could not ba 3 Suicida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) 4 Homicida To the Hospital
within 24 hours of
To the Funeral C Hospital 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, deta end place, and due to the ceuse(s) and manner as stated. Medicai 29a. Cartifiar 2 Madical Examiner: On the basis of axamination and/or invastigation, in my opinion, death occurred at tha time, data and place, end due to the causa(s) and manner stated. 29c. Licansa number 29d. Data signed (Month, Day, Yaar) 7 21649 TUNE 19 1997 29b. Signature and the of certifier skarav 30. Name and addrass of person who completed causa of death (Item 23e) (Type, Print) 3455 WILKENS AVE BALTIMORE MODING SAMBANDAM 31. Dete filed (Month, Day, Yaer) State

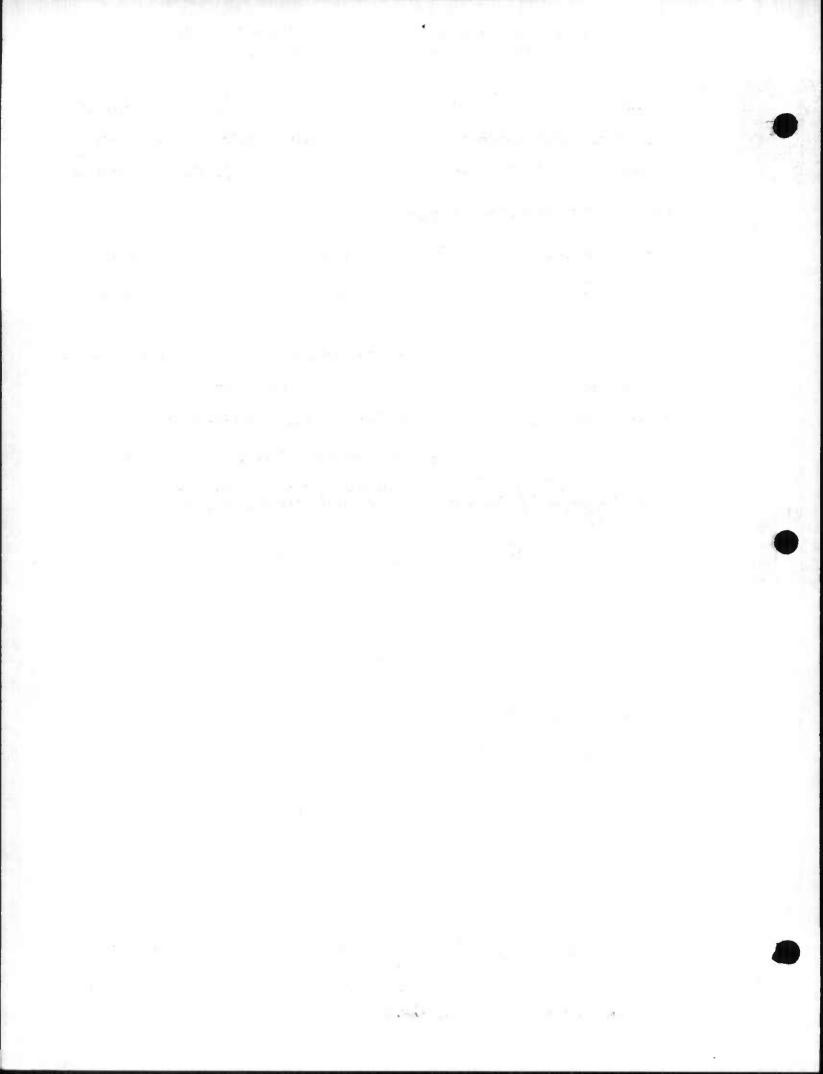
DHMH 16 Rev 6/95

Registrar

JUN 20 1997

Please Type or Print in Black Indelible ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

						Ce	rtificate	e of	Death		,	Reg. No.	'	
п	Physic		1. Decedant's Nama (First, Middla, Las	(1)	1 1						2. Data of De	eath Day	Yaar	3. Time of Deeth
	/Medi		Wertley	Pa	hl						Jun.	e 14	1991	06:10An
	Examir		4a. Fecility Nama (If not institution, give						4b. City, To	wn, or Loc	ation of Deat	th 4c. Count	y of Death	
			Manor Care Healt	h Service	s				Silve	er Sp	ring	Mont	gomer	У
Į	Funeral Director		377-07-3413	ax 7. Ag	ga <i>(In yrs. l</i> a: 93	st birthday) Yrs.	Months	1 Year Days	If Undar Hours		8. Data of Bi (Month, Di Jan. 2	rth ay, Year) 0, 1904	9. Birth Cou Virg	placa (Stata or Foreign intry) inia
	pue *		Usual Rasidence of Decedant 10e. Stete 10b. County		10c. City	Town or L	ocation							10d. Insida City Limits
	the Marylan 28a-f ahow	Director	Maryland PRINCE (GEORGE'S	Suit				75.70					1 ☐ Yas 2 No
	ath with the 23e or 2	rai Dire	10e. Street and Number 5909 Delta Lane					2074					Whet Cou	ntry?
000	filed within 72 hours efter death with the Maryland Hygiene. Hyber than "natural", or frams 23s or 28s-f show ant, the Maylest Examiner must be notified at	by Funeral	11. Marital Status 1 □ Never Married 2 ☒ Married 3 □ Widowed 4 □ Divorced	12. Wes Decedant Armed Forces? 1 ☐ Yas 2 ☐ X If Yes, Giva Yaar or Datas:		13.	Was Deced If Yas, spec 1 Yas 2				cify Yas or Ne Rican, etc.)		ca - Amari ack, White, Whit	
5-0	72 hours "natural",	etec	15. Decedant's Ed (Specify only highast gra	ucation da complated)		16a. Dece	dant's Usua kind of wor DO NOT us	l Occup	pation during mos	t of workin	na .	16b. Kind of 8	Businass/in	idustry
2121	2 should be filed within and Mentel Hygiene. Is marked other than ° aumatic evant, IDs Men	Be Completed	Elemantary/Secondary (0-12)	Collaga (1-4or	5+)		ouse]				9	Depart	ment	Store
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month June erline aniels 07:43 A.H 1997 /Medical 4b. City, Town, or Location of Daath 4a. Facility Nama (If not institution, giva street and number) 4c. County of Death Examiner If Under 24 Hrs. Hospita ARundel NORTH Janie If Undar 1 Yaar Birthpiace (State or Foreign Country) Social Sacurity Number 6. Sax Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) **Funeral** Months Days Hours 1 M 2 KF 50 Director 219-82-6928 Yrs 08-06-46 Maryland Usuai Residance of Dacedent the Merylend 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-fahow must be notified at Anne Arundel Maryland Severn XXYas 2□ No Director 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 6 Nems 23a 1746 Circle Road #301 21144 USA Funeral Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11 Maritai Status 12. Was Decedant Evar in U,S. Armed Forcas? 14. Race - Amarican Indian, Black, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours effer a Department of Health end Mentel Hygiene. Important: if item 27 is merked other than "natural", or feer any Injury or other traumatic event 1 ☐ Yas 2 ☑ No if Yas, Giva Yaar or Datas: 1 ☐ Navar Marriad 2 ☐ Married Baltimore, Maryland 21215-0020 **Black** 1 Yas 2 No Specify: þ 3€Widowed 4 Divorced Completed Decedant's Usual Occupation (Giva kind of work done during most of working life. DO NOT usa ratired) 15. Dacadant's Education 16b. Kind of Business/Industry (Specify only highast grada complated) Elementary/Secondary (0-12) Collaga (1-4or 5+) 8th Private Housekeeper 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maldan Surnama) Be Herman Daniels Agnes Ross 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Routa Number, City or Town, Stete, Zip Coda) 1715 Belle Haven Drive #203, Landover MD Jean Allen/Sister 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata XXBurial 2 Cremetion 3 Ramoval from Stata Harmony Memorial Pk.6/21/97 Landover, MD 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura of Funaral Sarvica Licensea 22. Nama and Addrass of Facility J.B. Jenkins Funeral Home 7474 Landover Road, Landover, MD 20785 23a. Part 1. Entar tha disadsa, or complications that caused tha death. Do not antar tha mode of dying, such as cardiac or raspiratory arrast, shock, or haart failura. List only one cause on sech line. Approximata intarvai Batwaen Onsat and Daath **Physician** /Medicai Immediata Causa (Finel ENTRICULAR disaase or condition rasulting in death) Examiner Examiner thet the death certificate be executed Sequantially list conditions, if any, laading to immadiata cause. Enter Underlying Causa (Diseesa or injury thet initiated avants rasulting in daath) Last end physician er s the buriel-t Box 68760 Physician/Medical the P.O. Part II. Other significant conditions contributing to daeth but not rasulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? s been signed by the should be detach 1 ☐ Yes 2 ☐ No 3.2 Probably 4 ☐ Unknown Records, ģ The lew requires Completed 24b. Wara eutopsy findings avallabla prior to 24a. Was an autopsy performed? completion of ceusa page 2 1 Yas 28 No 2 No Division of Vital Hospital or Attending Physicien: 24 hours after death. Funeral Director: After this certifica etely filled in by the funeral director, t Be 25. Was cesa rafarred to medical axaminar? 26. Piece of Deeth (Check only ona) Other: 4 Nursing Homa 5 Rasidance 6 Other (Specify) 10 1 Yas 2 No 1 ☐ inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 27. Mannar of Deeth 28d. Dascribe how injury occurred Certification: 28b. Tima of 28a. Data of injury (Month, Day Year) 28c. injury at Work? 5 Pending invastigation 1_D Natural 1 Yas 2 No 2 Accidant 6 Could not be datarmined 3 Sulcide 28f. Location (Street and Number or Rural Routa Number, City or Town, Steta) Pleca of Injury - At home, tarm, street, factory, office building, atc. (Specify) 4 Homicide To the Hospital within 24 hours a To the Funeral D 18 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete and place, and due to the causa(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or invastigation, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) and manner stated. 29a. Certifler Medical 29b. Signature and title of certifier 29d. Data signed (Month, Day, Year) 29c. Licensa number 30 Name and appress of person who completed causa of death (Itam 23a) (Type, Print) Syed Riaz, M.D. 800 N. Hammonds Ferry Road, Linthicum, Maryland 31. Data filed (Month, Day, Yaer) 32. Ragistrar's Signatura

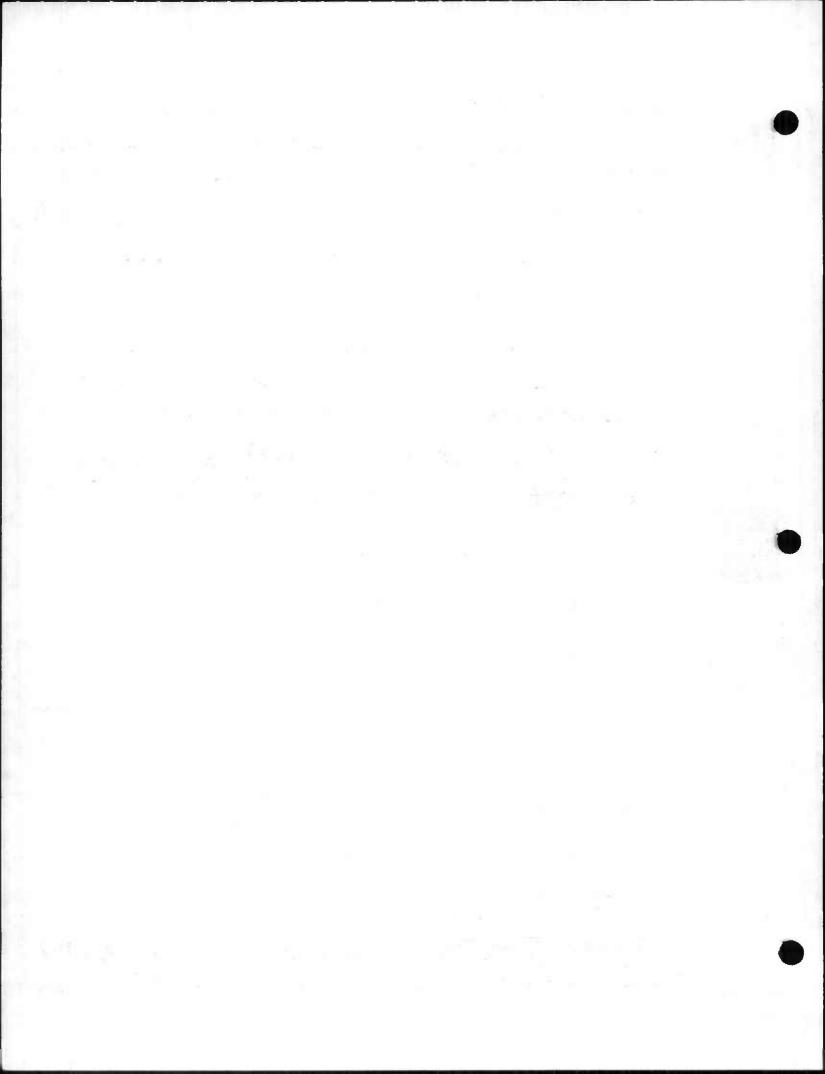
DHMH 16 Rev 6/95

State Registrar

JUN 17

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death **Physician** 12:10 PM /Medicai 4c. County of Death 4a. Facility Name (If not institution, give street and number, 4b. City, Town, or Location of Death **Examiner** If Undar 1 Year 1 INTON INCE 5. Social Security Number If Undar 24 Hrs. Hours Min. Birthplace (State or Foreign Country) 7. Aga (In yrs. last birthday) Funerai Days Hours 1□M 2∏F 83 213-38-2435 Director 20,1914 North Carolina Usual Residenca of Decedent 10b. County 10a, Stata 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examense inset be notified at Maryland Prince George's Clinton Director 1 Yes 2 No 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? ó Нете 23а U.S.A. 20735 death Funeral 6418 Horseshoe Road 11. Marital Status 12. Was Decedent Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours after 1 ☐ Yes 2 ☐ No If Yes, Give X Year or Datas: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 No Specify: Specify: White þ 3 ☑ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work dona during most of working life. DO NOT use refired) 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within Departmant of Haelih and Mantal Hygiana. Important: If item 27 is marked other then any injury or other treumatic event. It is the Manual in the Manual i Elementery/Secondary (0-12) College (1-4or 5+) N/A Homemaker Home 9th 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Cornelis Crumpler Butler Byrtus 19a. Informant's Name/Ralationship (Type, Print) Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2nd Avenue Silver Spring, MD 20910 9000 Jelene L. Dudd (Daughter) Date 24 20a. Method of Disposition 20b. Plece of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, State 1 XX urial 2 ☐ Cremation 3 ☐ Ramoval from State Arlington National Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) 1997 Arlington Virginia 21. Signature of Funeral Sarvice Licent 22. Name and Address of Facility Lee Funeral Home, Inc. 6633 Old Alexandria Ferry Rd Clinton, MD 20735 23a. Part1. Enter the disaasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. List only one ceuse on each line. Approximate interval Between Onsat and Death Physician /Medical Immadlata Cause (Final CARCINOMA LIVER disease or condition resulting in death) Examiner Due to (or as a consequence of) Physician/Medical Examiner The law requires that the death certificate be axecuted ician end burial-trans Sequentially list conditions, if any, leading to Immadiate cause. Enter Underlying Cause (Disease or Injury that Initiated evants resulting in deeth) Last Due to (or as a consequence of): physician s the bune P.O. Box 68760, Dua to (or as a consequence of): signed by the at d be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Othknown Records. by director, paga 2 should Completed 24b. Were autopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? cartificata 1 Yes 2 ANO 1 ☐ Yes 2 ☐ No of Vital or Attending Physician: Be 25. Was case referred to medical 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 PER/Outpatient 3 DOA After this in by the funeral 27: Manner of Death 28a. Date of fnjury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred Division 1 Natural 5 Pending Investigation Injury 1 ☐ Yas 2 ☐ No To the Hospital or Attendit within 24 hours after death. To the Funeral Director: A 2 Accident 3 Sulcida 6 Could not be 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Streaf and Number or Rural Routa Number, City or Town, State) 4 Homicide Medical 29a, Certifier 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigetion, in my opinion, death occurred at the time, date and pleca, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Name and address of person who completed cause of deeth (Item 23a) (Type, Print) 7503 SURLATS M.D 32. Registrate Signature 31. Date filed (Month, Day, Year) State

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Daath

Month

4b. City. Town, or Location of Daath

Cambridge

June

16

4c. County of Death

Dorchester

	Physician /Medical Examiner
-	Funeral Director

Lewis

Kinney

4a. Facility Nama (If not institution, giva street and number)

Davidson

Mallard Bay Nursing & Rehab. Center

If Under 1 Year If Under 24 Hrs. Months Days Hours Min. 8. Data of Birth (Month, Day, Year) Oct. 4, 1920 6. Sex 1 M 2 □ F 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foraign Country) 217-12-7293 76 Yrs. Usual Rasidance of Dacadant death with the Maryland 10a. Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 28a-f show Pages 1 end 2 should be filed within 72 hours efter death with the Marylan nent of Health end Mental Hygiene.
ant: If item 27 is marked other than "natural", or itams 23a or 28a-f show ury or other traumatic event, the Medical Externess must be notified at 1 Yas 2 No Director Maryland Dorchester Cambridge 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 6 Nanticoke Road Funeral 21613 U.S.A. 12. Was Dacadant Evar in U,S. Armed Forcas? 1 Ճ Yas 2 □ No If Yas, Giva Yaar or Datas: WW I Raca - Amarican Indian, Black, Whita, atc. 11. Marital Status Was Dacedant of Hispanic Origin? (Spacify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 1 Navar Married 2 Married 21215-0020 1 ☐ Yas 2 X No Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced Specify: WWII White 15. Decedant's Education (Spacify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Businass/Industry College (1-4or 5+) Elementary/Secondary (0-12) Dept. Defense Invest. Serv. Fed. Government Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surname) Be Lewis C. Davidson Helen S. Kinney 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Straat and Numbar or Rural Routa Numbar, City or Town, State, Zip Coda) Lenora H. Davidson - spouse 6 Nanticoke Rd., Cambridge, MD 21613 20a. Mathod of Disposition 20b. Placa of Disposition (Nama of camatary, cramatory or other placa) Data 20c. Location - City or Town, Stata 1 ☑Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata permit. Page Department of Important: If any Injury or 4 ☐ Donation 5 ☐ Othar (Spacify) Sierra View Memorial Pk 6-24-97 Marysville, CA 22. Nama and Addrass of Facility Curran-Bromwell Funeral Home, P.A. 308 High St., Cambridge, MD 21613

Approximate and caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, interviting the control only one cause on each line. **Physician** Cerebrouscular /Medical immadiata Causa (Final disaasa or condition resulting in death) Examiner Examiner The law requires that the death certificate be axecuted Sequantially list conditions, if any, laading to Immadiate causa. Enter Undarlying Cause (Disaasa or Injury that initiated evants rasulting In daath) Last Due to (or as a consequance of): Division of Vital Records, P.O. Box 68760. Physician/Medical the Dua to (or as a consaquance of): use signed by the et I be deteched for Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☑ Unknown Etah Abase þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy has certificate 1 Yas 20 No 1 TYas 2/2 No al or Attending Physician: The state death.

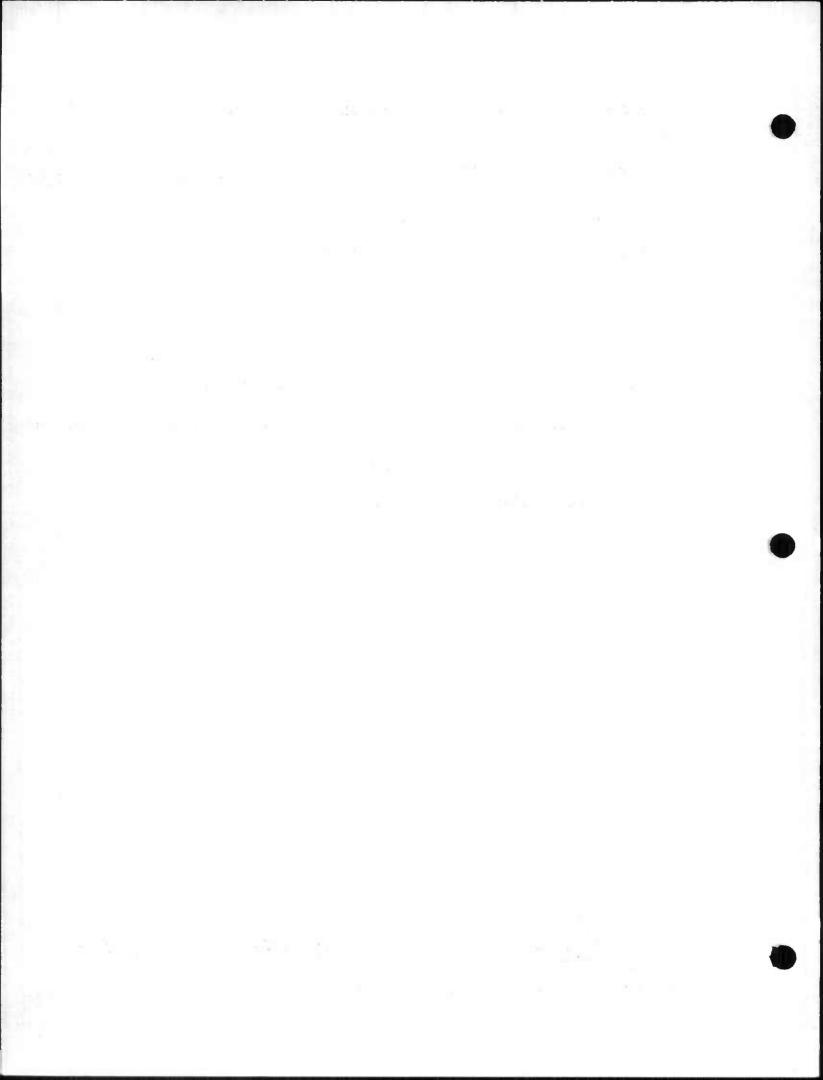
I Director: After this certificate 25. Was casa refarred to medical axaminar? funeral director, Be 26. Place of Daath (Check only one) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatlant 3 ☐ DOA Othar: 4 Mursing Homa 5 Rasidenca 6 Othar (Specify) Certification: To 1 Yas 2 No 28a. Date of Injury (Month, Day Year) 27. Manner of Death 1 DiNatural 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending Invastigation 1 - Yee 2 Accident the 8 Could not be datamined 3 Sulcida 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Streat and Number or Rural Routa Number, City or Town, Stata) filled In by 4 Homicide To the Hospital e within 24 hours a To the Funeral D 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the causa(s) and mannar as stated.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the causa(s) and mannar stated. Medical 29a Cartiflai 29b. Signatura and title of certifian 29d. Data signed (Month, Day, Year) Ow ed causa of death (Item 23a) (Type, Print) of person who compl 32. Pegistrans Signatura 31. Data filad (Month, Day, Year) State JUN 1 8 1997 Registrar

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State of Maryland / Department of Health and Mental Hygiene 97

						Certificate	of Dea	ath		Reg. No.	1 (. 0 1 0	
	Dhysia	ion	1. Decedent's Neme (First, Middle, L	est)					2. Date of De		Yeer	3. Time of Deeth	
Physici /Medic			KAREN	В.		DRAPER			June		997	11:20 pm	
	Exami		4a. Facility Neme (If not Institution, give street end number) 19130 Templeville Road			4b. City, Town, or Lo Templevil				ocation of Death 4c. County of Death			
	Funeral Director			Sax 7. Age 1 M 2 TVF 4.7	(In yrs. last bii	Yrs. H Undar 1 Months D		Indar 24 Hrs. burs Min.	8. Dete of Bir (Month, De Sept 8			placa (Stata or Foreign ptry) Dieville, M	
	yland		10a. Stete 10b. County		10c. City, Tow	n or Location					1	0d. Inside City Limits	
	Barf at	by Funeral Director	Maryland Caroli	ne	Temple	eville						1 □ Yas 2)(No	
	th with the 23s or 2		19130 Templevill	oda 570									
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, ק	72 h	eted		15. Decedant's Education (Specify only highast grade complated)		Decedent's Usuei C	ocupetion	most of work	kina			usiness/industry	
1	within ne.	Completed	Elementery/Secondery (0-12)	College (1-4or 5-	+)	Decedent's Usuel Occupetion (Give kind of work dona during most of life. DO NOT use retired)							
mai yiaila zizi3-0020	2 should be filed with and Mental Hygiene. Is marked other than aumatic svent, the M	To Be Co	9 17. Father's Name (First, Middle, Last) Raymond Holden		51				Control Luggage Compa • (First, Middle, Meiden Surneme) Sittig			mpany	
	Shou nd M	-	19e. Intorment's Neme/Reletionship	(Type, Print)	196	o. Meiling Address (S	treet end N	lumber or Rui	ral Route Numb	er, City or Town,	, Stete, Zip	Code)	
	permit. Peges 1 and 2 Department of Health a important: If item 27 is any Injury or other tra: 2005a.		Edward F. Draper 20a. Method of Disposition 1 XI Burlai 2 Crametion 3 I 4 Donation 5 Other (Spec 21. Signeture of Funerel Sarvica Lice	☐Ramovai trom Stete	20b. Pleca o cemete	Disposition (Nama ry, cremetory or othe Hills Co 22. Nama end A	of r place) emeter Address of	y (Dete 5/9/97	Dover,	City or To	ware	
			23a. Part1. Entar the diseese, or cor shock, or heert tellure. List on	npilcations that caused one cause on each line	the deeth. Do	Torbert not enter the mode of	Funer f dying, suc	ch as cardiac	or respiretory a	over, De	lawar	Approximete Interval Between Onset and Deeth	
Physician /Medical Examiner Immedieta Cause (Final disaese or condition resulting in deeth) A Due to (or es a condition resulting in deeth)						OCCULA consequenca of):	no	•				3415.	
,00,00	hes been signed as 2 should be d	Medical Examiner	Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseas or Injury that initiated events resulting in death) Last	c		consequence of):							
.C. DOY		Physician/N	Part II. Other significant conditions	d	ng in tha undarfying cause given in Pert I.				23b. Did tobacco use contribute to the cause of death?				
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		E							10	Yas 2 No	10	Yes 2□ No	
	ysicien: The is certificate director, pag	Be	25. Wes case reterred to madical examiner?				26.	Place of Deer	th (Check only	one)	1		
	Physicien: this certific rai director,	2	1 ☐ Yes 2 ☐ No	Hospitel: 1 Inpatien		-		4 Nursing Home 5 12 Hesidence 6 Li Other (Specify)					
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5	Tospital or 4 hours afte Funeral Dir sly filled in		28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28e. Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number of Rural Ro									I Route Number,	
		edical	29e. Certifier 1 Certifying P (Check only one) 2 Medicat Exa	nystotan: To the best of miner: On the basis of e and mennar stat	exa <i>m</i> inetion en	e, deeth occurred et t d/or investigetion, in	he ti <i>m</i> e, de my opinion	te end plece, , deeth occur	and due to the red et the time,	cause(e) end mo dete and plece,	enner as st and due to	ated. the cause(s)	
)	To the compiel	M	29b. Signatura and the difference of the signature of the						29d. De Soned Month, Day, Year)			Day, Year)	
			30. Neme and address of person who	completed cause of de	eth (item 23e)	(Type, Print) Ave	. 9	aston	MD	21601		•	
	Sta Registr		31. Dete tiled (Month, Dey, Year)	32. Registre	r's Signeture								



State of Maryland / Department of Health and Mental Hygiene

			.,		,	Certifica	te of	Death	F	leg. No.	97	20214				
П	Physic	ian	Decedant's Name (First, Middla, Last)				2. Da			th Day	Yaar	3. Time of Death				
	Physici /Medic		JAMES HERBERT M.	ELLIS JR	•				Month JUNE	11, 19		10:12 PM				
	Exami	ner	4e. Fecility Nema (If not institution, give	Parties County			13	4b. City, Town, or Lo	ocation of Deeth	4c. County	of Deeth					
L		Į.		CAL CENTE			4.2/	BETHESDA			ONTGO					
3	Funeral Director		5. Social Security Number 6. Sec. 579-58-5682 Usuel Rasidanca of Decedent	WW OFF	(In yrs. last birt	/rs. Months	Days	If Undar 24 Hrs. Hours Min.	8. Date of Birth (Month, Day JULY 23	Year) 1944	9. Birthpl Count WAS	aca (State or Foreign try) HINGTON, D.				
	yend m		10a. Stata 10b. County		10c. City, Town	or Location				Od. Insida City Limits						
	the Meryler 28a-f ahow now ad at	tor	D.C. NONE			WASHIN	CTON					1X Yas 2 No				
	or 28	ie	10e. Street and Number				p Coda			Og. Citizen of V	What Count	iry?				
	th wil	ain	506 LONGFELI	OW ST. N.	W.#308		2001	1		U.S.	Α.					
21215-0020	after dee or Items	by Funeral Director	11. Marital Status 1 ☐ Nevar Merried 2 ☐ Merried 3 ☐ Widowed 4 ☑Divorced	12. Was Decedent E Armed Forcas? 1 Yas 2 N If Yes, Give Yaar or Datas:		13. Was Deci If Yas, sp		lispanic Origin? (Span, Mexican, Puarto Specify:	ecify Yas or No- Rican, atc.)		e - Amarica ok, White, a					
0-6	2 should be filed within 72 hours is and Mental Hyglene. Is marked other than "natural", raumatic event, fra Medical Ex-	Completed	15. Decedent's Ed	ucation	16a.	Decedant's Us	al Occup	etion		16b. Kind of Bu						
21	s 1 and 2 should be filled within 72 h of Health and Mental Hyglene. Itam 27 is marked other than "netu other traumatic event, the Medical	nple	(Specify only highast grad Elementary/Secondary (0-12)	Collega (1-4or 5-	+)	(Giva kind of work done during most of working life. DO NOT usa rettred)			ing							
	ed wi	S	11			CARPET LAYER			PRIVATE			2				
Maryland	should be filled and Mental Hygles marked other	Be	17. Fathar's Nama (First, Middla, Last)					18. Mothar's Name	e (First, Middla,	Ma <i>iden Sum</i> am	a)					
3	J Mer Jarke	To	JAMES HERBE		LIS					OHNSON						
Ma	d 2 sh h and h and 7 is m traum		19a. Informant's Name/Ralationship (7					and Number or Run								
	1 an Healt am 2 ther		MICHELLE ELLIS/S 20a. Method of Disposition	ISTER	20b. Place of	Disposition (Na		ST. N.W.	WASHI Deta	NGTON,						
Baltimore,	nt of nt of :: If its		1 M Burial 2 ☐ Cremation 3 ☐	Removel from State	cematan	, cramatory or	other plea		379							
吾	it. P.		4 Donetion 5 Other (Specify		HARMON	Y MEMO			6/23/97	LANDO	VER,	MD.				
Ва	permit. Peges 1 and 2 Department of Health a Important: if Itam 27 is any injury or other tra once.		21. Signeture of Funaral Sarvice Licensee 22. Nama and Address of Fecility 207 CHAMBERS FUNERAL HOMES, P.A., RIVERDALE, MD.													
	-157.5		23a. Part1. Entar tha disaasa, or comp shock, or haart failura. List only of			ot entar tha mo	de of dyin	g, such as cardiac	or raspiratory em	est,		Approximate Interval Batween				
	Physician		Onsat and Death													
4	/Medical Examiner		Immediate Cause (Finel diseasa or condition rasulting in death) a. Arrythmia minute									ninutes				
		<u>.</u>	rasuling in assury	, ,	Due to (or es a c	onsequance of):				Í					
_	nsit ted	Examiner		b												
	icete be executed physician end s the burial-transit	xar	Sequantially list conditions, if any, leading to immediata cause. Enter Underlying Cause (Disaese or Injury that initiated evants		Due to (or es e c	or es e consequance of):										
260	sicial b buri		Cause (Disaese or Injury thet initiated evants	c						-						
68760,	ufficet g phy as the	ledica i	resulting in daath) Last													
Box	h cer endir	an/N	d								<u> </u>					
	deel of to	by Physician/M	Pert II. Other significant conditions co	ntributing to death bu	t not rasulting in	the underlying	causa giv	en in Part i.	23b. Did to	obacco use cor	ntribute to	the cause of death?				
P.0	at the	유	Aplastic Ana						1 Yes 2 No 3 Probably 4 Unknown							
	es the	þ	TIPIASITE TITIA													
cord	The law requires that the deeth certificete be executed at hes been signed by the attending physician end page 2 should be detached for use as the burial-transit	Be Completed							24a. Was a perfor	in autopsy med?	eve	ra autopsy findings ilabla prior to npletion of causa leath?				
Œ.	The Jate he page		E O	ĕ	ĕ	E							124	as 2 No	1 🗆	Yas 2 No
ita	ysiclen: The lav is certificate hes director, page 2		25. Was casa raferred to medical axaminar?						th (Check only one)							
7		ပ္	1 Yes 2/2 No	Hospitai: 1 Inpatier		patient 3 D	OA Oth	ar: 4 Nursing Ho	ma 5 🗆 Rasida	ance 6 Oth	ar (Specify)				
Division of Vital Records,	1 je 1	ë.	27. Manner of Death 1 ☑ Natural 5 ☐ Panding	28a. Data of Injun (Month, Day	Year) 28b. Ti	D. Tima of 28c. Injury at 28d. Do Work?				escribe how injury occurred						
	Seath tor: /	cat	2 ☐ Accident invastigation 3 ☐ Suicide 6 ☐ Could not be	M M				Yas 2□No		(Ctreat and Number of Point Pauls Number						
	or Attending lefter death. Director: Affer in by the fune	Certification:	4 Homicida datarmined	building, atc.	aca of Injury - At homa, farm, straat, factory, office ilding, atc. (Specify) 28f. Location (Street and Numb City or Town, Stata)						er or Hurai	Houta Number,				
	pital ours ours filled															
	To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: After th completely filled in by the funeral	edical	(Check only 2 Madicat Exami	pinion, deeth occurr	and dua to tha cause(s) and manner as stated. ed at the tima, date and placa, and dua to tha causa(s)											
	outhin compl	₩ We	29b. Signature end titla of certifiar		d manner steted. 29c. Licansa number				2	29d. Dete signed (Month, Day, Year)						
	4		VH. Dale	D46179				June 13, 1997								
	1		30. Nema end address of person who o	omplated cause of da	eth (Item 23a) (Type, Print)					,					
			HOSSEIN BABAAL	Т	9	OOO ROC	KVIL	LE PIKE,	BETHESD	A, MARY	LAND	20892				
	Sta	ite	31. Data filed (Month, Day, JUN 20	100 32. Registre	s Signatura					.,						
	Registr	ar	OONEU	1001	una David	on-Rando	M.									

DHMH 16 Rev 6/95

ACCEPTAGE OF THE STATE OF THE S

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month **Physician** Yeer Imogene S. Earnest June 15, 1997 10:21 AM /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Deeth **Examiner** Camp Springs | Prince George's

If Under 24 Hrs. | 8. Dete of Birth (Month, Dey, Yeer) | 9. Birthplece (State or Foreign Country)

June 24, 1902 | Alabama 5309 Redd Lane 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. lest birthday) **Funerai** Months Days 1 ☐ M 2 🖫 F 577-18-9840 94 Yrs. Director Usuei Residence of Decedent the Maryland 10a. Stete 10b. County ns 23a or 28a-f show 10c. City. Town or Location 10d. inside City Limits 1 ☐ Yes 2 ☐ No Director Maryland Prince George's Camp Springs 10e, Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 5309 Redd Lane Nerns 23a 20748 U.S.A. Funeral death 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates: 11 Marital Status Was Decedent of Hispanic Orlgin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bieck, White, etc. permit. Pages 1 end 2 should be filed within 72 hours effer of Department of Health and Mental Hyglene. Important: If item 27 is merked other than "natural", or item any injury or other treumatic event, the Marian ender. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: Specify: White by 3 ☑ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) Coilege (1-4or 5+) Federal Government Secretary 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumame) Be Cicero Bright Sherrill Lovvie Lu Cook 19e. informant's Neme/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Thomas E. Earnest, Sr./Son 7103 Sunnyside La. Ft. Washington, Md. 20744 20b. Pleca of Disposition (Name of cametery, cremetory or other place) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from Stete Metropolitan Crematory 6/16/97 4 Donation 5 Other (Specify) Alexandria, Virginia 21. Signatur of Funerel Service Licens 22. Name end Address of Facility George P. Kalas Funeral Md.20745 23e. Pert1. Enter the disease shock, or heert failure or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, List only one cause on each line. Approximete Intervei Between Onset end Death **Physician** /Medical Immediate Cause (Fine) 21 DWVDSC diseese or condition resulting in deeth) Examiner Due to (or as e consequence of) Examiner The law requires that the death certificate be executed physicien and s the buriel-trans Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events Due to (or es e consequence of): Box 68760 Completed by Physician/Medical thet initieted events resulting in deeth) Lest Due to (or es e consequence of): 98 attending p for use es P.O. Pert.li. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco uas contribute to the cause of death? 1 ☐ Yss 2 10 3 ☐ Probably 4 ☐ Unknown Records, 24a. Was en eutopsy performed? 24b. Were eutopsy findings evalleble prior to completion of cause of deeth? pege 2 1 ☐ Yes 2 ☐ M 1 ☐ Yes 2 ☐ No Division of Vital or Attending Physician: Be 25. Was cese referred to medical 26. Piece of Deeth (Check only ope) examiner? Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: Certification: To 1 ☐ inpatient 2 ☐ ER/Outpatient 3□ DOA this funeral 27. Manner of Deeth 28c. injury at Work? 28e. Dete of injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred After 5 Pending Investigation efter death.

Director: Aff
d in by the fu 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Plece of injury - At home, ferm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide 24 hours Hospital Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, end due to the ceuse(s) end manner as steted.

| Medicat Examiner: On tipe bests of exeminetion and/or investigation, in my opinion, deeth occurred at the time, dete end plece, and due to the ceuse(s) and penner stated. 29a. Certifier teh (Check o To the I 29b. Signe and title of cartifier 29c. License number 29d. Date signed (Month, Dev. Year)

State Registrar

31. Date filed (Month, Pey, Year) 32. Re

Michael

30. Neme end eddress of person who completed cause of deeth (item 23a) (Type, Print)

32. Registrer's Signature

D. Levine, M.D. 1328 Southern Ave., S.E. #301, Wash., D. C. 20032

DHMH 16 Rev 6/95

The state of the s

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Funeral Director

permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mentel Hygiene. Important: If Item 27 is marked other than "natural; or Items 23a or 28a-4 show any Injury or other traumetic event, if a Medical Examiner must be notified at ORCE.

Physician /Medical Examiner

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after death.

To the Funsei Director: After this certificate has been signed by the estending physician and completely filled in by the Innerial director, page 2 should be deteched for use as the burial-transit

Division of Vital Records, P.O. Box 68760,

Baltimore, Maryland 21215-0020

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

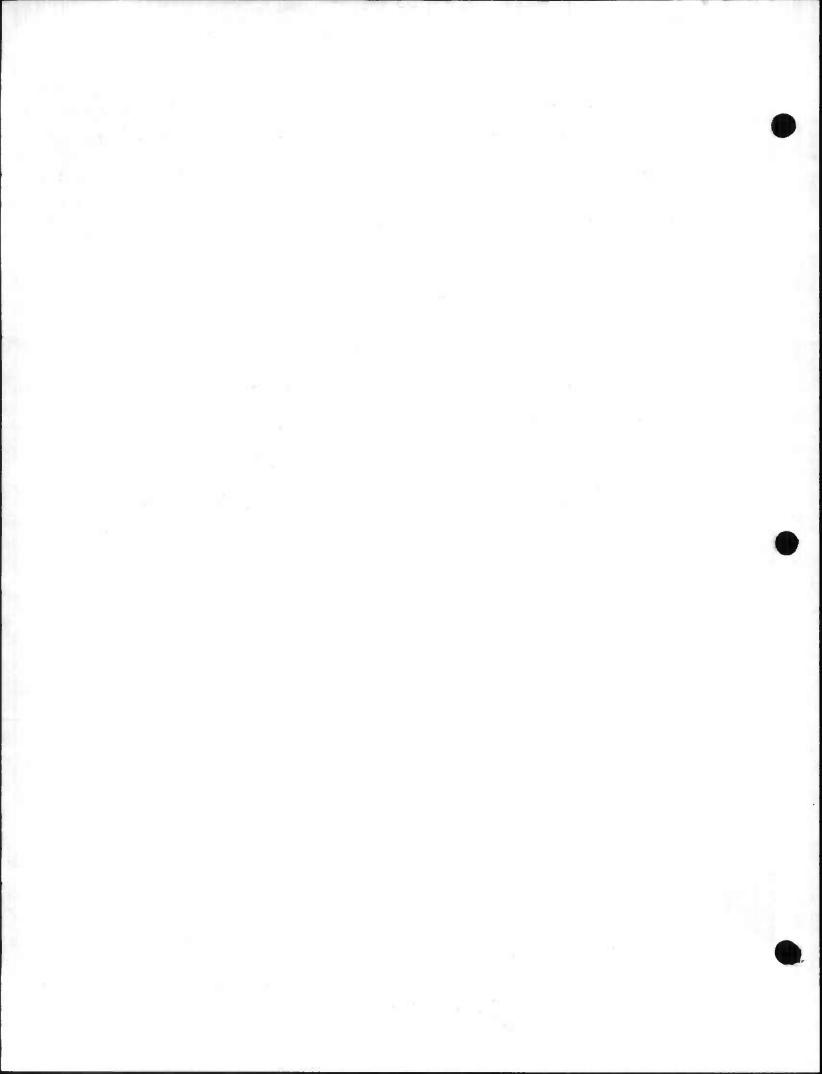
10.0	23a part I,27 per MEO G-7	State of Marylan	-	ment of		Mental Hy		97	20211				
13 . 1	1. Decedent's Name (First, Middla, Last)	43 1/0/31 dil		70410 01		2. Date of De	Reg. No.		3. Time of Death				
an	William Alvi		Month JUNE	Day	Yaar 997	06:30 AM							
cal ner	4e. Facility Neme (If not institution, give s		36		4b. City, Town, or				00.30 AM				
	EASTERN SHORE	STATE HOSP	ITAL		CAMBRI	DGE	DORCI		ER				
	5. Sociel Security Number 220-66-2777 Usual Residence of Decedent 6. Sex XX M 2 F 7. Age (In yrs. lest birthday) 41 Yrs. White Days Hours Min. Security Number Months Days Hours Min. June 12, 1956 9. Birthplace (State or Foraign (Month, Day, Year) June 12, 1956) Maryland												
	10a. State 10b. County 10c. City, Town or Location												
ctor	Maryland Dorchester Cambridge												
Funeral Director	10e. Street and Number		10g. Citizen of	What Cour	ntry?								
la l													
Jue	11. Marital Status	2. Was Decedent Ever in U, Armed Forces?	S. 13. Was	Decedent of	Specify Yes or No to Ricen, etc.)	- 14. Rac	e - Americ	an Indian,					
y F	1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☑ Divorcad	XX Yes 2 No 197 If Yes, Give Year or Dates: 197	4	, ,	Specify	Y 71							
P	15. Decedent's Educa	1200 1200 1200 1200 1200 1200 1200 1200		l'e Heural Occu	nation		10b Klad of Business findustry						
Completed by	(Specify only highast grade	complatad)	(Giva kind	d of work done NOT use retin	pation a <i>during</i> most of wo	orking	g 16b. Kind of Business/Industry						
mo	Elementary/Secondary (0-12)	College (1-4or 5+)		mploval									
BeC	17. Father's Neme (First, Middla, Last)		O I C	mproju		me (First, Middla	, Maidan Suman	na)					
To	William B. Edge				Doroth	y Airey							
ľ	19a. Informant's Name/Reletionship (Typ	e, Print)	19b. Mailing A	Address (Stree	t end Numbar or R	ural Route Numb	er, City or Town,	State, Zip	Coda)				
	William B. Edge	Father	P.O. Bo	ox 31 I	Rhodesdal	e,Maryla	ind_2165	9					
	20a. Method of Disposition 1	20b. P	lece of Disposition ematary, cramato	ce of Disposition (Nema of natary, cramatory or other place) Date 20c. Location - City or Town, State									
	4 Donation 5 Other (Specify) East New Market Cemetery 6/17/97 East New Market, Md												
	21. Signal Funerel Service Licensee 22. Name and Address of Facility												
	Thomas Funeral Home, P.A. 700 Locust Street Cambridge, Maryland 21613												
	238. Party. Einter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate intervel Between												
	In-modified Course (First	Onset and Death											
7	Immediate Ceuse (Final disease or condition resulting in death) a.	ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE											
-		Due to (or as a consequenca of):											
Examiner	b .		OMIN DO SERVICE	, ,									
Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury c.	Due to (or	r as a consequen	ica of):				I					
cai	Cause (Diseese or Injury thet initiated events	Due to (or as e consequence of):											
Med	resulting in death) Last												
an/A	d.												
Completed by Physician/Med	Part II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death?												
Phy		1 🗆	1 Yes 2 No 3 Probably 4 Unknown										
by													
etec		ava	ere autopsy findings ailable prior to mpletion of cause										
mpl			of death?										
	1 Yes 2 No + ÉYes 2 No												
Be	25. Was case referred to medical examiner?	ospital:		0	26. Place of De	ath (Check only o	ona)						
. To	1 □XYes 2 □ No 110	28a. Date of Injury	g Home 5 Residence 6 Other (Spacify) 28d. Describe how Injury occurred										
tion	1 XXNatural 5 ☐ Pending	(Month, Day Year)			ork?]Yes 2□No	28d. Describe now injury occurred							
fica	3 Suicide 6 Could not be	28e. Placa of Injury - At ho					28f. Location (Straat and Number or Rural Routa Number,						
erti	4 Homicide	building, etc. (Specify					City or Town, Stata)						
edicai Certification:	29a. Certifier 1 ☐ Certifying Phyale	clen: To the best of my know	wledge, deeth oc	curred et the t	ime, date and place	e, end due to the	ceuse(s) end me	nner es st	eted.				
edic	(Check only 2 Medical Examine one)	er: On the basis of examinat and manner stated.	ion end/or investi	igetion, in my	opinion, death occi	urred et the time,	dete and placa,	and due to	the ceuse(s)				
Σ	29b. Signature and title of cartifier	. 1.	se number			Day, Year)							
	Walnut (me)	Shill		0	CME		JUNE 1	4, 1	1997				
	30. Neme and address of person who com	pleted cause of death (Item	23a) (Type, Prin	nt)									

State Registrar 31. Detertiled (Month, Day, Year)

JUN 2 0 1997

111 Penn Street, Baltimore, Maryland 21201

(Year) 20 1997 Redult



					Cei	rtificate o	Death	R	eg. No.		20217
tata	_	1. Decedant's Name (First, Middle, Las	t)					2. Dete of Daat		Vers	3. Time of Deat
ysician fedical	_	Wasu Nilsen	French					Month June	Dey 13. 1	Yeer 997	6:47 AM
aminer		4e. Facility Neme (If not Institution, give					4b. City, Town, or I		4c. County		0.47 11
~~~~		Montgomery Gener	ral Hospit	a1			01ney		Mont	gome	ru
erai	7	5. Social Security Number 6. Se			ast birthday)	If Under 1 Yea	r If Under 24 Hrs.	8. Dete of Birth (Month, Dey,		100	place (Stete or Fore
tor		217-27-8150	☑ M 2□ F	12	Yrs.	Months Dey	s Hours Min.	June 16,	Year)	Coui	iland
		Usual Residence of Decedent		14				bune_10,	1704	I IIIa.	LIANG
3		10e. State 10b. County		10c. Clty	, Town or Lo	cation				1	10d. Inside City Lin
Director		Maryland Montgome	erv		W	heaton					1 ☐ Yes 2 €
<u> </u>		10e. Street end Number				10f. Zip Code		16	0g. Citizen of \	Whet Coul	ntry?
a lo	3	13804 Bethpage Lar	ne				20906		U.S	Δ	
Funeral		11. Marital Stetus	12. Was Decedent E	ver In U,S	S. 13. V		Hispenic Origin? (S ben, Mexicen, Puert	pecify Yes or No-			can Indien,
		1 ☑ Never Married 2 ☐ Marriad	Armed Forces? 1 ☐ Yes 2 🖾 No	0				o Rican, etc.)	Blee	ck, White,	etc.
Ď.		3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:		1	I□Yes 2⊠ N	Specify:		Specify		ion
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To B		James H. French					Duanok	amol Manl	ekha		
		19a. Informent's Neme/Relationship (T)	ype, Print)		19b. Meilin	a Address /Stree	et end Number or Ru			State Zir	Code)
		James H. French									
eurc	2	20e. Method of Disposition		20b. Ple	eca of Dispos	sition (Neme of		Wheaton, M	20c. Location -		
5		1 ☐ Burlal 2 🖾 Cremation 3 ☐ F			•	netory or other pi	1				
	-	4 Donetion 5 Other (Specify)		Met	-	tan Cre		6/16/97 A	lexand	ria,	Virginia
DCB	1	21. Signeture of Funerel Service Licens	0 1	1		Nama end Add	ress of Fecility Collins	Funeral	Home	Tnc	
		23a. Pertificine disease, or compl	ations that caused t	the death.	Do not ente	O Unive	rsity Blv	dWSil	.Spr		land 209
ian cal ner		23a. Pert1 Enter the disease, or complishook, or heert failure. List only a limediate Cause (Finel disease or condition resulting in death)	Epil	eps	Do not ente	O Unive er the mode of dy	rsity Blv	dWSil	.Spr		Approximate Interval Between Onset and Deeth
cal ner	1	Immediate Cause (Finel	. Epil	CPS Due to (or	Do not ente	O Unive er the mode of dy	rsity Blv	dWSil	.Spr		Approximate Interval Between Onset and Death
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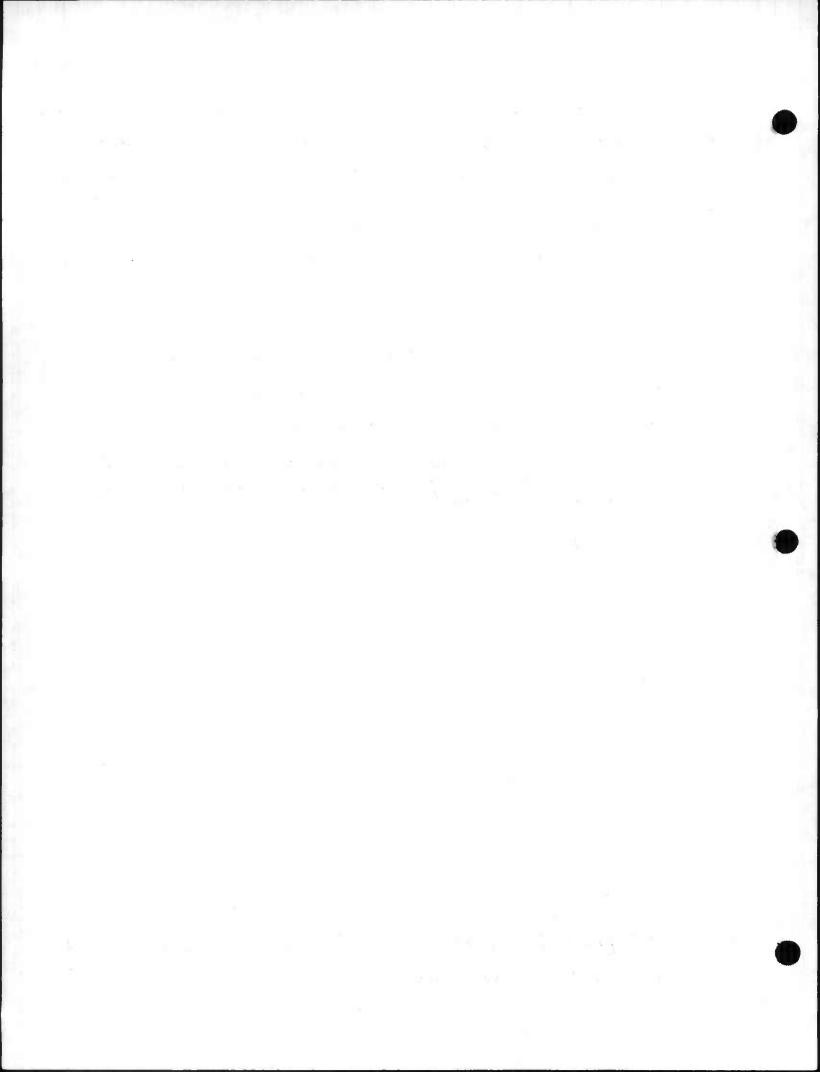
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1997 32. Ragisfar's Signature

Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,



State of Maryland / Department of Health and Mental Hygiene 20218 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Florence Flax 1997 June 5:57 PM /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Manor Care- Potomac Potomac Montgomery 5. Social Security Number If Under 1 Year Months Days If Under 24 Hrs. 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Dey, **Funeral** Hours 1 □ M 2 C F 579-14-5683 Yrs Director 84 Feb. 15,1913 New York Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits traumetic event, the Medical Examiner must be notified at Maryland Montgomery Potomac Director Maryes 2 □ No IOe. Street and Number 10f. Zip Code 10g. Citizen of What Country? 9924 Conestoga Way United States 20854 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 11. Maritel Status Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Race - American Indian, permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mantal Hygiane. Important: If flem 27 is marked other than "natural" — any injury or other traumetic events. Biack, White, etc. White 1 ☐ Never Merried 2 ☐ Married 1 ☐ Yes 2 TNo If Yes, Give Year or Dates: 1 ☐ Yes 2 ☐ No Specify: by 3 ₩idowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Benjamin Zellis (Unknown) Fanny 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Bonnie Decker (Daughter) 9924 Conestoga Way, Potomac, MD., 20a. Method of Disposition 20b. Place of Disposition (Neme of cemetery, crematory or other place) Date 20c. Location - City or Town, State 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State June 15 King David Mem. Gardens 4 ☐ Donation 5 ☐ Other (Specify) Falls Church, Virginia 21. Signature of Funeral Service Lice Rec 22. Name and Address of Facility
Danzansky-Goldberg Mem. Chapels, Inc. 1170 Rockville Pike, Rockville, Maryland 20852 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or heart failure. List only one cause on each line. **Physician** /Medical Immediate Cause (Final Demensia-Alzheimers disease or condition resulting in death) Years Examiner Due to (or as a consequence of): Examiner ician and burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): physician s the buna Physician/Medical Due to (or es a consequence of): 88 been signed by the a should be detached Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Dfd tobecco use contribute to the cause of deeth? 1 ☐ Yes 2X No 3 ☐ Probably 4 ☐ Unknown by 24b. Were autopsy findings aveilable prior to completion of ceuse of death? Completed 24a. Was an autopsy performed? page 2 1□ Yes 2Ñ No 1 Tyes 2 No funeral director, 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatlent 2 ☐ EP/Outpatient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of Injury 28c. Injury at Work? 28d. Describe how injury occurred 1 Natural 5 Pending investigation within 24 hours after death.

To the Funeral Director: A completely filled in by the fu 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be determined Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1to Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier Medicai (Check only one) 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) D 38781 June 13, 1997 mpieted cause of death (Item 23a) (Type, Print) Michael Grady 4910 Mass./Ave., N.W., Washington, DC

32. Registrar's Signature

State Registrar

DHMH t6 Rev 6/95

Hospital or Attending Physician: The law requires that the death certificate be executed

To the

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P.O. Box 68760

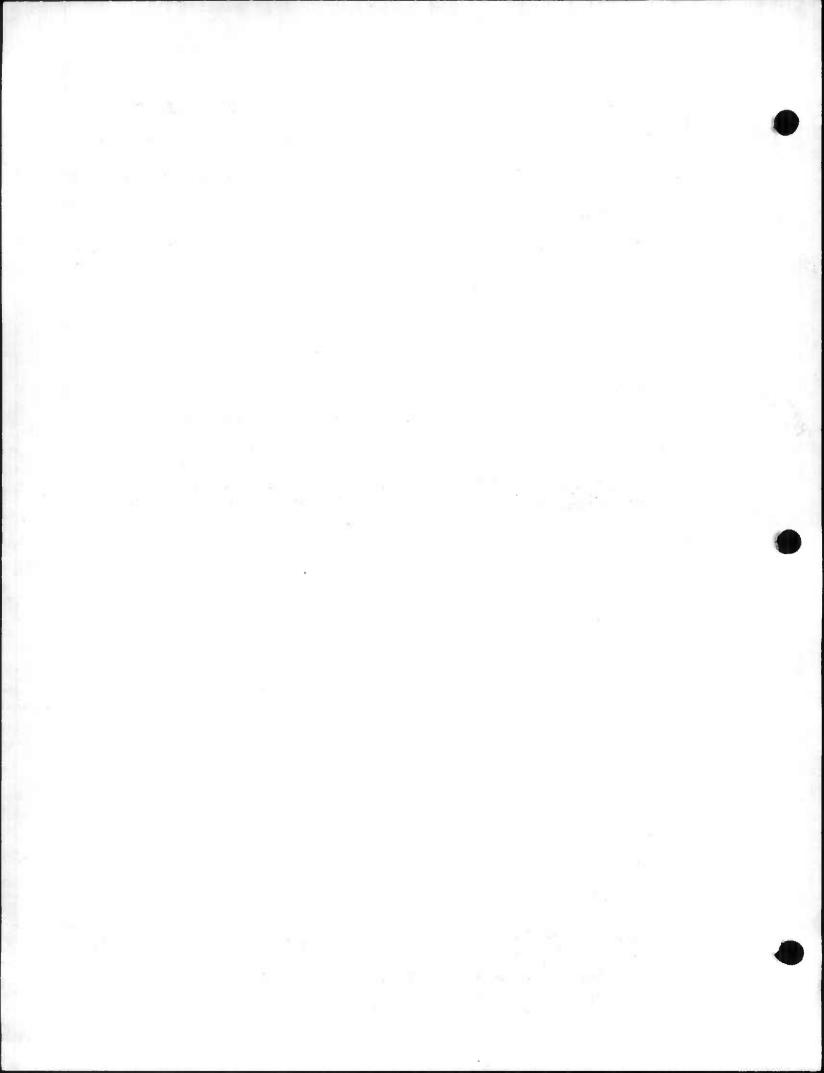
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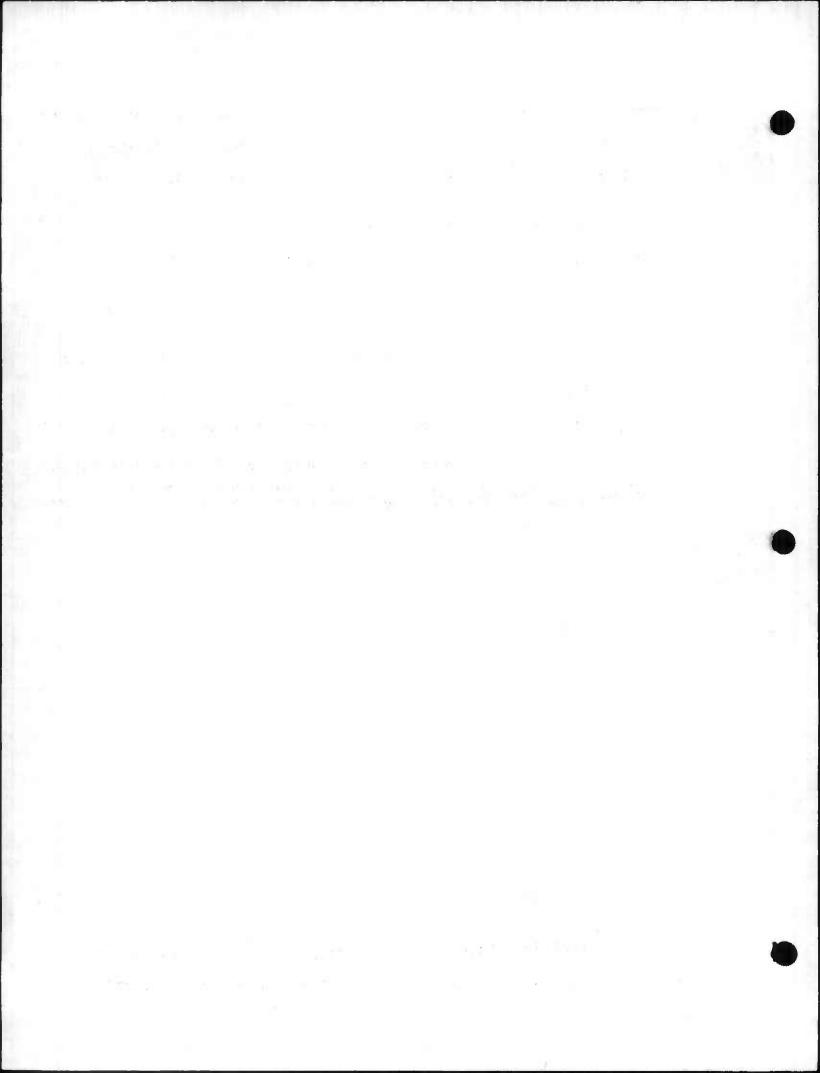
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State of Maryland / Department of Health and Mental Hygiene

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State of Maryland / Department of Health and Mental Hygiene

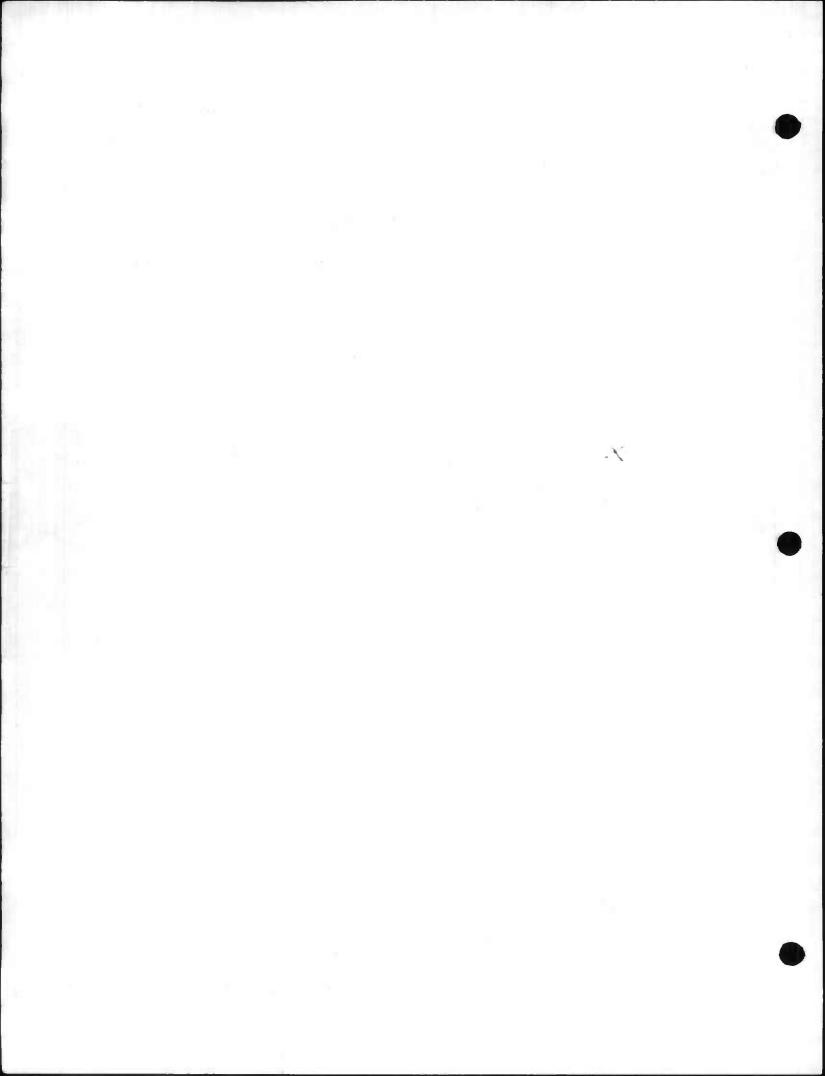
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Bo	ath c ettenc for us	and a			<b>-</b> u.										
b	death	Physici	Part II. Other signi	ficant condition	s contributing to	death but not	t rasulting in tha ur	nderlylng caus	a giva	an In Part I.	23b. Di	d tobacco	use cor	ntribute to the	cause of death
P.0	by the e	'n									11	☐ Yes 2	No	3 Probabl	y 4 Unknow
	as thet igned t be date	by F									-				
Records,	uira n sig										24a. W	as an autop	sy	24b. Wara a	autopsy findings
00	require been si should I	ete										rformed?		comple	ole prior to etion of cause
3e	hes hes	d L									LIM	ited		of daat	h?
=	Dag Bata	Completed									1.8	Yas 2	No	1₿Ya	s 2 No
Vital	Physician: The this certificata rail director, par	Be	25. Was casa rafa axaminar?	rred to madical						26. Placa of D	eath (Check on)	y ona)			
1	ysici is ce direc	To	1XX as 2□	] No	Hospital: 1	Inpatient	2X ER/Outpatien	t 3□ DOA	Otha	ar: 4 Nursing	Homa 5□ Ra	sidance 8	Oth	ar (Specify)	
10			27. Mannar of Dea			a of Injury	28b. Tima of	28c.	Injury	at	28d. Dascrib	e how injury	occuri	red	
0	ding th.	l lo	1 Æ(Natural 2 ☐ Accidant	5 Panding Invastiga		onth, Dey Yea	(r) Injury	М	Work	ras 2□No					
S	Attending or death.	fica	3 Suicide	6 Could no	ot be	ce of Injury -	At homa, farm, stra	eat factory of	fice		28f. Location	(Street and	/ Numb	er or Rural Ro	outa Number.
Division	or Attand after death Director: A	Certification:	4  Homicida	datamir	buik	ding, atc. (Sp	pecify)	adit, lactory, or	1100			Town, Stata)		0, 0, 1,0,0,1,1	
	les in period												-		
	tosp 4 hor fune ely fi	edical	29a. Cartifiar (Check only				knowledga, daath mination and/or inv								
	To the Hospital or A within 24 hours after To the Funeral Direct Completely filled in the completely filled in the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of the formula of		one)	AKE K. S S S S S S S S S S S S S S S S S S	and ma	nnar statad.	and and an		,				,,		
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			30. Nama and add	rais of pareon w	no complated on	usa of death	(Itam 28a) (Tune I		CME			JUNE		1997	
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			31. Data flad (Mor	th Day Vann'	caaeni	Ragistrar's S	111 Per	nn Sti	cee	et, Ba.	ltimore	e, Ma	ry]	$Land_2$	1201
	Sta	te	J., Sata mau (M/O	, way, 10ai)	32.	· rayistidi 5 3	rigitatula								

Registrar

JUN 1 8 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 20222 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month **Physician** Day 15 Mabel June 7:10 AM /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Montgomery General Hospital 01nev Montgomery 8. Date of Birth (Month, Day, Year)
Apr. 5, 1908 If Under 1 Year If Under 24 Hrs. 5. Social Security Number 7. Age (In yrs. last birthday) Birthplece (Stete or Foreign Country) **Funeral** Deys 1 □ M 2 🛛 F Months Hours 89 213-42-9327 Director Pennsylvania Usuel Residence of Decedent 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits other traumatic event, the Medical Examiner must be notified at Director 1 ☐ Yes 2 ☐ No Maryland Montgomery Silver Spring 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? items 23a or 3700 International Drive 20906 USA death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2€ No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien. Bieck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or ite any Injury or other traumatic event, the Medical Example 1 ☐ Never Married 2 ☑ Married 1 Yes 2 No Specify: by Specify: 3 Widowed 4 Divorced White Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) 12 College (1-4or 5+) Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Thomas William Allman Esther Lunden 19a. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Kenneth R. Gill/ Son 653 Severn Road, Severna Park, Maryland 21146 20e. Method of Disposition 20b. Plece of Disposition (Name of cametery, crematory or other place) Dete 20c. Location - City or Town, Stete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removel from State Maryland Veteran's Cem. 4 ☐ Donetion 5 ☐ Other (Specify) 6/19/97 Crownsville, Maryland 21. Signature of Funeral Service Licenses 22. Name and Address of Facility Hines-Rinaldi Funeral Home 11800 New Hampshire Avenue Silver Spring, Maryland 23a. Pert 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth Physician /Medical Immediate Cause (Final RENAL FAILURE 5 DAYS diseese or condition resulting in deeth) Examiner Due to (or es e consequence of): Physician/Medical Examiner 5DAYS SEVERE DENYDRATION The law requires that the death certificate be executed physician and as the buriel-trans Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequence of): attending for use as Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown signed t CONGESTIVE HEART FAILURE þ 24b. Were autopsy findings eveilable prior to completion of cause of death? Be Completed 24e. Wes en eutopsy periormed? ANEMIA page 2 1 ☐ Yes 2 No this certificate 1 ☐ Yes 2 ☐ No A. FIBRILL ATTON i Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica etely filled in by the funeral director, p 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Hospitel: 1 Impatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 27. Manner of Death 28a. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 ☐ Homicide 24 hours Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) and menner es steted.

| Medical Examiner: On the best of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end placa, end due to the ceuse(s) end menner steted. within 24 hou To the Funer completely fil edical 29a. Certifier the

29c. License number

D35941

29d. Dete signed (Month, Day, Year)

JUNE 15, 1997

50 W. GOMONSTON DR. ROCKULE, MD. 20852

State Registrar

29b. Signature end title of certifier

M.D.

PURAN P. MATHUR

30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

31. Date filed (Month, Day UNI 8 1997 32. Registrare, Signature Juna Davidson-Randelle

M.D.

#401

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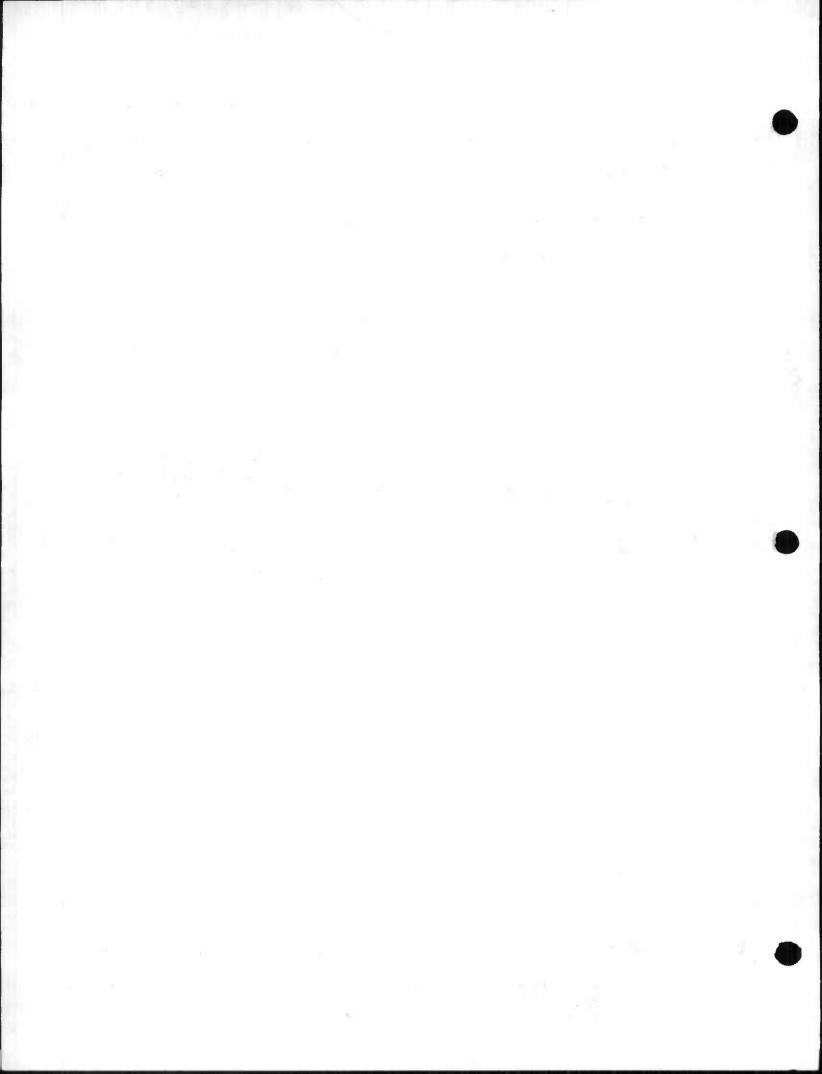
Baltimore, Maryland 21215-0020

Box 68760,

P.O. 1

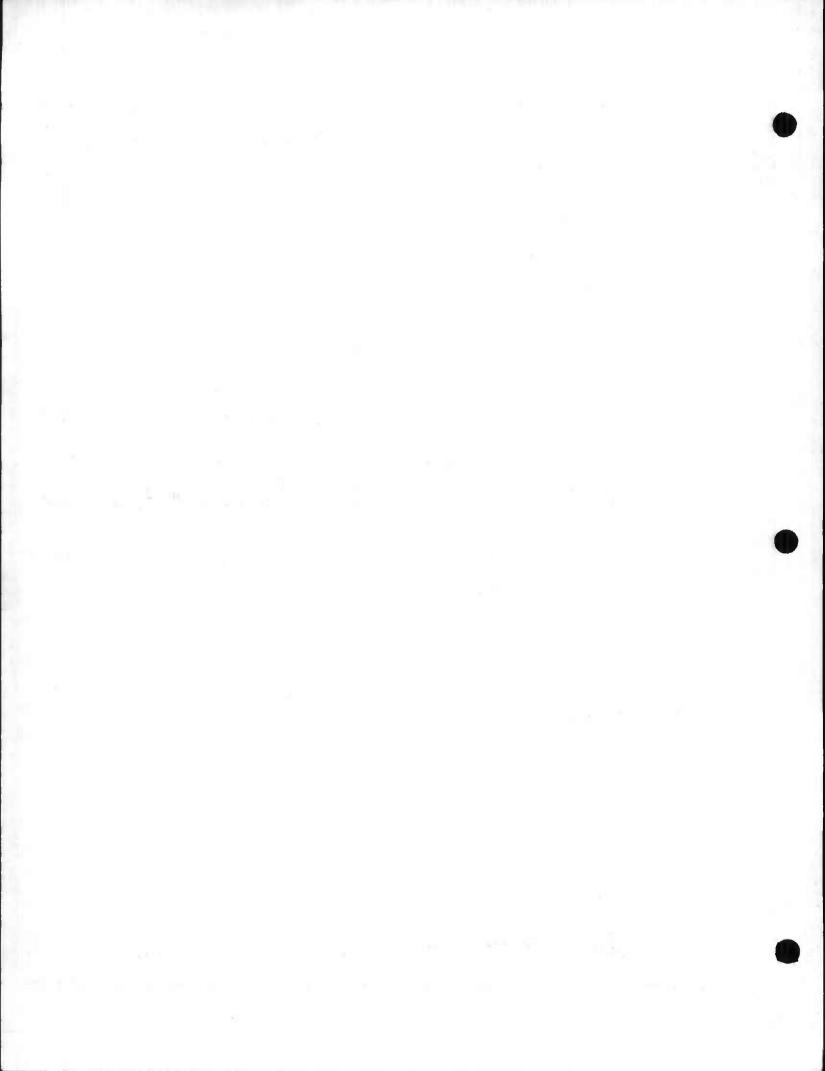
Records,

Division of Vital



State of Maryland / Department of Health and Mental Hygiene 97 20223

			ITEM: 5 perFH G-	750 8	-14-97 eoh		Cei	rtificate o	f Death		Reg. No.			
			1. Decedent's Name (First,	Middle, L	ast)					2. Date of De		Vaar	3. Time o	of Death
	Physici /Medi		Harry Leon	ard (	Goddard					June	Day 18	1997	1:00	) AM
	Examir		4a. Facility Name (If not ins	itution, g	iva street and number)				4b. City, Town, o	or Location of Death	4c. County	of Death		
			Bedford Cour	ct Nu	rsing Home				Silver :	Spring	Mon	tgome	ry	
	Funeral Director		5-Social Security Number 125-121-12-1817		Sex 7. Age 10ÃM 2□F	e (In yrs. last 84	t birthday) Yrs.	If Undar 1 Ye Months Day			h v. Year) , 1912	9. Birthp Coun Conn	iace (Stete itry) Lectic	or Foreign ut
	pue *		Usuel Residence of Decede 10a. Stata 10b. C			10c. City, T	own or Lo	cation				1	0d. Inside (	City Limits
	Aaryl Sho	ō			.m.o.****									s 2 XNo
	the Marylend	Director	10e. Street and Number	mege	omery	Silve	er Sp	10f. Zip Code			10g. Citizan of \	Affrat Cour		41
	÷ 08	Dir	15115 Inter:	lache	n Drive An	+ #Q11	1	209			-	SA	шуг	
	death v	Funerai	11. Marital Status	Lacire	12. Wes Decedent B		13. \	Was Decedent o	f Hispanic Origin?	(Specify Yas or No		e - Americ	an Indian,	
Maryland 21215-0020	or ite	by	1 Never Married 2 3 Widowed 4 Div		Armed Forcas?  1  Yes 2  N  If Yes, Give Year or Dates:	lo	'	f Yes, specify C	uban, Maxican, Pu	àrto Rican, etc.)	Bla	ck, White, v: Whi		
5-0	72 hours "netural",	Completed			ducation rede completed)	1	6a. Deced	lent's Usuai Occ	cupation	varkina	16b. Kind of B	usiness/Inc	dustry	
21	C . 6	npie	Elementary/Secondary (0		Coilege (1-4or 5	+)			ne during most of v ired)					
2	filed within Hygiana. other than	Co			5+	S	Sole	Proprie			Real Es			
Pu	should be filed vend Mental Hygies smarked other tourmatic event, to	Be	17. Father's Name (First, M.		t)				18. Mothar's N	lame (First, Middle,	Maiden Sumen	ne)		
yla	Men Men arke	70	Henry Goddan	d						Jennif		cnown		
Jar			19e. informant's Name/Rela	ationship	(Type, Print)		19b. Mailir	ng Address (Stre	et end Number or	Rurel Route Number	er, City or Town,	Stete, Zip	Code)20	906
	C 2 0 F		Doris Godda	ırd			1511	5 Inter	lachen Di	ive #911	Silver	Spri	ng,MD	
Baltimore,	8 0 = -		20a. Method of Disposition 1   ☐ Burial 2 ☐ Crema	ition 3.	Removal from State	20b. Place ceme	e of Dispo etery, crer	sition (Neme of netory or other p	olece)	Dete	20c. Location -	City or To	wn, Stata	
E	Peges ment of I ant: If its ury or o		4 ☐ Donation 5 ☐ Oth			Norbe	ck M	emorial	Park	06/21/97	Olney,	Mary	land	
a	permit. Pege Department of Important: If any Injury or once.		21. Signature of Funeral Se	rvice Ligh	nsee /		22	. Name and Add	dress of Facility	E1	II 7			
Ш	80 = 99		1 mu	1. 1	Keres		100			Funeral			MD 2/	0001
	Physician /Medical		Immediate Cause (Final	List only	y one cause on each iin	10.	Do not ant	ar tha mode of d	lying, such as card	iac or raspiratory a	rast,		Approxima interval Be Onset and	ata etween I Death
	Examiner		disease or condition resulting in death)		a Respirate	ory Fa Due to (or as						1.	24 Ho	urs
		Je.			_		s a consec	uence or):				1	2 771	1
	uted	Examiner	Sequentially list conditions		b. Pneumonia	a Due to (or as	s a consec	uence of):				1-	2 Weel	KS
ó	execut en end riel-trar		Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Couse (Disease or injury		·			201100 0171						
68760,	death certificate be executed e ettending physicien end rd for use es the buriel-transit	edicai	Ceuse (Disease or injury thet initieted events resulting in deeth) Last	1	C	Due to (or as	a conseq	uence of):						
Box 6	eath certific ettending pl	2		L	d		_							
ğ	thet the death co	by Physician/	Deat II Other elevitions to							00) 014				
0	y th	ys	Part ii. Other significant co	nontions	contributing to death bu	it not resultin	ng in the ui	nderlying cause	given in Part I.		obacco use co			
<b>T</b>		Y	Prostate Can	cer							Yes 2] No	3 Proi	DEDIY 4	Unknown
ds	requires een sign hould be	d b								24a. Was	an autopsy	24b. W	ere autopsy	findings
Ö	O	ete									rmed?	00	ailable prior mpletion of	
Re	hes hes	Completed											death?	
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Ĭ,	Physician: The this certificate al director, pag	Be	25. Was case referred to me axaminer?	edical	Hospitel:			_ (	When	eath (Check only o				
of Vital Records,		<u>۲</u>	1 ☐ Yes 2 ② No  27. Manner of Death		1 L Inpatiei		Outpatien b. Time of	1 3LI DOA	40 Nursing	Home 5 Resk	dence 6 Goth		y)	
Division	ding F h. After funer	Certification:	1 Natural 5 □ P	ending vestigatio	28a. Date of injur (Month, Dey	Year)	injury	28c. in V	Vork? ☐ Yes 2☐ No	200. 50001150 1	iow injury cood.	.00		
Si	Attending ir death.	lica	3 ☐ Suicide 6 ☐ C	ould not	DO Disco of Injur	iny - At home	farm etr	eet, factory, office		28f. Location (5	Street and Numl	ner or Rura	I Boute Nu	mber
Si	or A efter Direction b	ert	4 ☐ Homicide	etermined	building, etc	(Specify)	, (4177) 310	oot, raciory, onic	,,	City or Tov	vn, Stete)			
	ours ours eral		29a. Certifier 1 X Cer	tifylna P	hyeician: To the best o	f my knowled	dae death	occurred at the	time dete and nie	ce, and due to the	rause(s) and m	anner as e	teted	
	To the Hospital or Attending within 24 hours effer death.  To the Funeral Director: After completely filled in by the fune.	edicai		dicai Exa	miner: On the basis of and manner sta	exeminetion.	end/or inv	estigation, in m	y opinion, death of	curred at the time,	dete and piaca,	and due to	the cause	(s)
	o the	Me	29b. Signature and title of c	artifier				29c. Lica	anse nu <i>m</i> ber	T	29d. Date signe	d (Month,	Dey, Year)	
			Ann	0	Roai	mo								
	12		20 Name and distance of	- W			(a) /T		24543		June 19	, 19	97	
			30. Name and address of pe						11 54 4	0.11				00000
		10	James A. Ros 31. Date filed (Month, Day,		32 Registra	r's Signature	9		orta Rivd	. Silver	Spring,	Mary	land :	20906
	Sta Registr		JU	180	1997 Ju	lie David	lson-4	andelle						



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene AMENDED # 18, P.G.C. 6-30-97 cr Certificate of Death 1. Decadent's Nama (First, Middle, Last) 2. Data of Death 3. Tima of Death **Physician** Month Vear HARRY O. GARVIN 10:00 14 06 9) /Medical a.m 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Daath 4c. County of Death **Examiner** HOSD PRINCE GEURGES MARYLAND SOUTHERN CLINTON If Under 1 Year If Under 24 Hrs. 8. Data of Birth
Months Davs Hours Min. (Month, Day, Year) 6. Sax 1 M 2 ☐ F 5. Social Sacurity Number 7. Aga (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** Months 73 Vrs 578-22-3256 Director Mar. 14, 1924 Virginia Usual Rasidanca of Dacedent permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health end Mental Hygiene. Important: If item 27 is marked other than "natural", or itema 23s or 28s-1 show any Injury or other traumatic event, "a Medical Examination notified and sons." 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits ₩ Yas 2 No Director MD Prince George's Mitchellville 10e Street and Number 10f. Zip Coda 10g. Citizan of What Country? 12911 Woodmore Rd. 20721 United States Funeral 12. Was Decedant Evar in U,S. Armed Forcas? XXX Yas 2 □ No WW II Yas, Giva Yaar or Datas: 14. Race - Amarican Indian, Black, White, atc. 13. Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 1 ☐ Navar Marriad 2 🕅 X farrled Baltimore, Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedant's Education (Spacify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) College (1-4or 5+) 12 Mechanic Automotive 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be Edgar Garvin Marian Long Lawhorne 19a. Informent's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stete, Zip Code) Kathleen S. Garvin Same as # 10. 20b. Placa of Disposition (Nama of cematary, cramatory or other placa) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 6/17/97 Clinton, MD Resurrection Cemetery 21. Signature of Funaral Sarvice Licensea 22. Nama and Addrass of Facility Robert E. Evans Funeral Home, Inc. anne 16000 Annapolis Rd. Bowie, MD 20715 23a, Part1 Entar the disage of promplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heart failure. List only one cause on each line. Approximata Interval Batween Onset and Death **Physician** /Medical Immadiata Causa (Final disaasa or condition rasulting in daath) RESPIRATORY DISTRESS FAILURE 1 day Examiner Physician/Medical Examiner SMALL CELL CARCINUMA LUNG MUNTHS DETASTATIC attending physician and for use es the buriel-transit certificate be executed Sequantially list conditions, if any, leading to immadiata causa. Enter Undarlying Causa (Diseasa or Injury that initiated avants rasulting in death) Last Dua to (or as a consequence of): P.O. Box 68760. Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not resulting in the undarlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown DRSTRUCTIVE LUNG DISE Division of Vital Records, þ 24b. Ware autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy CORONARY ARTERY DISEASE PERIPHERAL VASCULAR DISEASE 1 Yas 2 No 1 □ Yas 2 □ No 25. Was casa rafarred to madical axaminar? 26. Placa of Death (Check only ona) Hospitel: Othar: 4 ☐ Nursing Homa 5 ☐ Rasidanca 6 ☐ Othar (Specify) 1 ☐ Yas 2 ☐ No 2 1. Inpatient 2 ER/Outpetlant 3 DOA uneral 28c. Injury at Work? 27. Mannar of Death 28d. Dascribe how injury occurred Certification: a or Attending P safter deeth.

Director: After to in by the funers 1- Natural 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicida 28e. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) 4 Homicide Hospital 24 hours 12 Certifying Phyeician: To the best of my knowledge, deeth occurred at tha time, dete end place, end due to the cause(s) and mannar as stated.
2 Medical Examinar: On the basis of axamination and/or invastigation, in my opinion, death occurred at tha time, data and place, and due to the cause(s) and mannar stated. 29a. Certifier (Check only one) o the F

State Registrar

31. Data filed (Month, Day, Year)

29b. Signature and titla of cartifiar



30. Nama and address of person who completed cause of death (Item 23a) (Type, Print)



SRINIVASAN

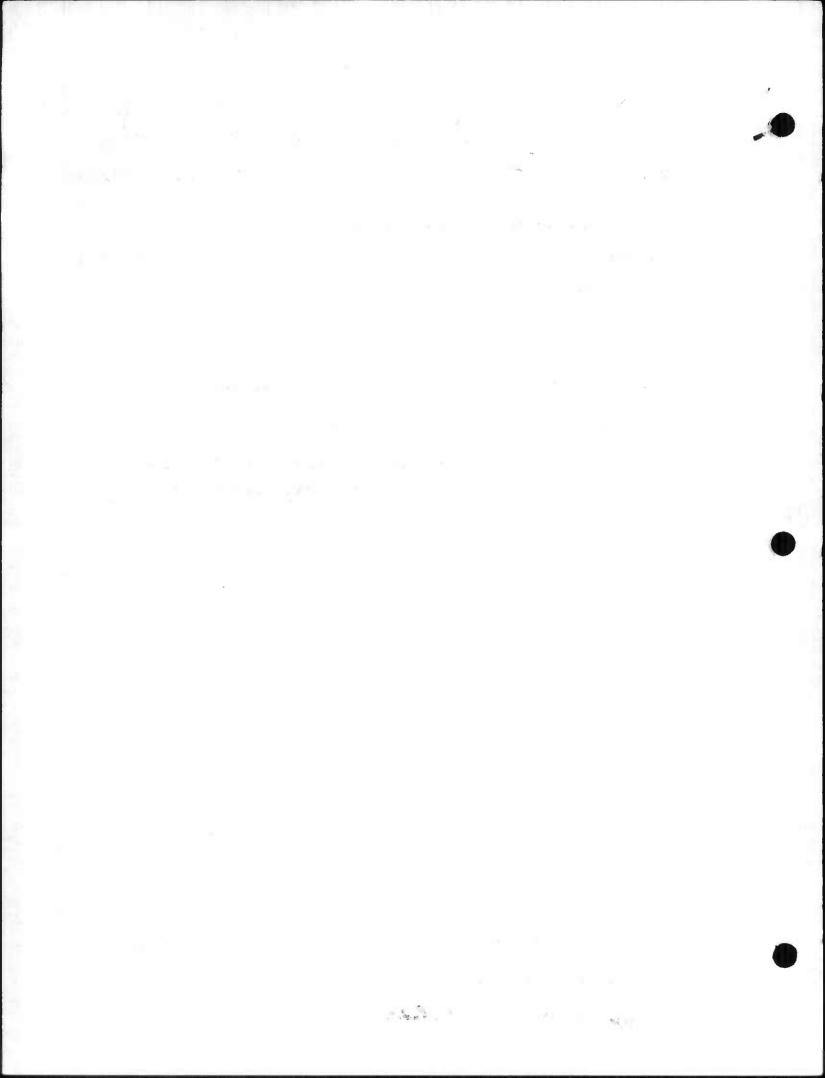
29c. Licansa number

29d. Data signed (Month, Day, Year)

8926 woodyard Rd. Chinton Md 20735

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State of Maryland / Department of Health and Mental Hygin

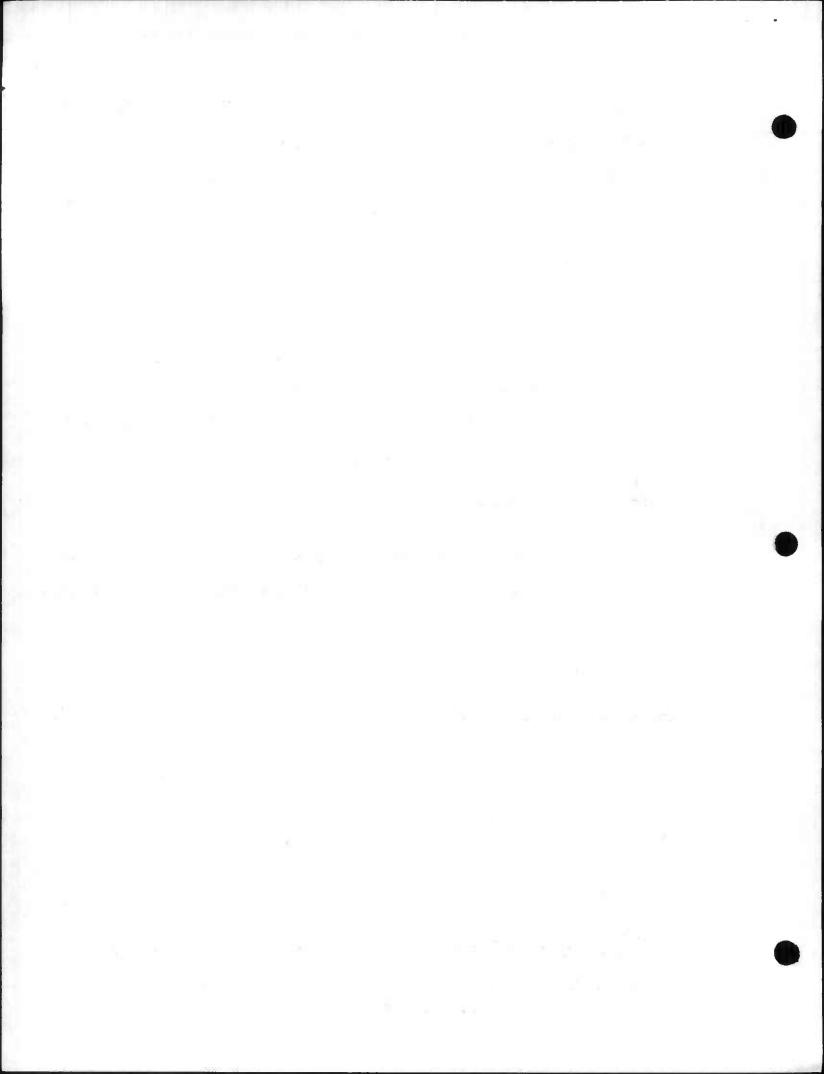
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. 03	Iten	ns:2	3a part I 27 per MEO (	G=749 7/14/97 dh		Certificate of	Death		Reg. No.	11 2	20225
	Physic	ian	Decedent's Name (First, Middle, L MARCUS WARREN	GIBSON				2. Date of Dea Month	21,199	Year	3. Tim f th
d	/Medi	cal	4a. Facility Nama (If not institution, gi				4b. City, Town, or	-	· ·		2037 PM
٧	Exami	ner	FORT WASHINGT				AC . A	SHINGTO	4c. County		EORGES
	Funeral Director		5. Social Security Number 6. 213 43 2681	Sax 7. Aga (In yi	s. last birt	thday) If Undar 1 Yaa Months Days	r If Undar 24 Hrs.			9 Rirthole	ce (Stata or Foreign
	and	1	Usual Residence of Decedent  10a. Stata 10b. County	10c.	City, Town	or Location				100	d. Inside City Limits
	the Marylar 28a-f show notified at	ector				ASHINGTON	T				1X Yas 2□ No
	ath with t	Funeral Director	10e. Straat and Number 7908 PRINCE GE			10f. Zip Code 2074			USA	What Country	17
21215-0020	s 1 and 2 should be ifled within 72 hours after death with the Maryland if Health and Mental Hygiena. I health and Mental Hygiena. I haturel, or hems 23a or 28a-f show other treumstic event, its Medical Examines must be notified at	by	11. Marital Status  1   Navar Married 2   Married  3   Widowed 4   Divorced	12. Was Decedent Evar in Armed Forces?  1 ☐ Yes 2∜☐ No If Yes, Give Year or Dates:	U,S.	13. Was Decedant of If Yas, specify Cul		pecify Yas or No- o Rican, etc.)	14. Rad Blad Specify	ce - American ck, White, at y: BL	
15-0	72 hours "naturel",	etec	15. Decedent's E (Specify only highest gi	ducation ade completed)	16e.	Decadent's Usual Occu (Give kind of work done life. DO NOT use retire	ipation a during most of wor	king	16b. Kind of B	usiness/Indu	stry
121	within iena. than "	Completed	Elementery/Secondary (0-12)	College (1-4or 5+)		life. DO NOT use retire	ed)		N/A		
d 2	should be filed within of Mental Hygiena. marked other than imatic event, it a M		17. Father's Name (First, Middle, Las	t)			18. Mother's Nar	ne (First, Middle,		ne)	
Maryland	Mental Merked of arked of	To Be	CHARLES GIBSON	N			GAIL W	ARREN			
ary	2 should and Men is marke		19a. informant's Name/Relationship	(Type, Print)	19b.	Meiling Address (Street	et and Number or Ru	ıra <i>l Rou</i> te Numbe	r, City or Town,	State, Zip C	ode)
	of Health of Health I item 27 i		CHARLES GIBSON  20a. Method of Disposition	20b	Placa of	08 PRINCE Disposition (Name of y, crematory or other plane)		S AVE.	FT. WA 20c. Location		GTON, MD
im	Peges mant of I ant: If its ury or o		1X Burial 2 ☐ Cremation 3 ( 4 ☐ Donation 5 ☐ Other (Speci			LN MEMORI	1	UN 25,1	997 St	JITLA	ND, MD
Baltimore,	permit. Peges Department of Important: If it any injury or o		21. Signatura of Funeral Service Lica	1 N.O.	im	22. Name and Addr RALPH WI	ess of Facility	FUNERAL			
1			23a. Part1. Enter the disease, or con shock, or heart feilure. List only	- V		and the second second			est,	A	Approximate
	Physician /Medical Examiner	iner	Immediate Cause (Final disease or condition resulting In death)	e. SUBAORTIC (S		/ULAR)_STENOS.	\$	F.			Onset and Death
68760,	law requires thet the death certificate be executed as been signed by the ettending physician and 2 should be datached for use as the buriel-transit	Medical Examiner	Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last	c		onsequence of):					
Box	eath certif ettanding I for use a	clan/M		d					1		
P.0.	thet the de ed by the datached	Physician/	Part II. Other significant conditions	contributing to death but not re	esulting in	the underlying cause g	iven In Part I.	23b. Did to			he causs of death? bly 4 🗆 Unknow
Records,	w requiras thei been signed I should be dat	Completed by						24a. Was a perfor		availe	e autopsy findings able prior to obletion of cause
Re	0 - 0	omp						1864	es 2 No	1150	
Vital	ician: The certificata	BeC	25. Was case referred to medical				26. Plece of Dea	th (Check only or			20110
> >	5 00	To	examiner?  You Yes 2 No	Hospital: 1 Inpatient 2	ER/Out	patient 3 DOA	ther: 4 Nursing H	ome 5 Resid	enca 6 Oth	er (Specify)	
ion of	Jing After fune		27. Manner of Death 1)(X) Natural 5 ☐ Pending 2 ☐ Accident investigation		28b. T	ijury Wo	uryat ork? ]Yes 2∐No	28d. Describe h	ow Injury occur	red	
Division	5 # 7 =	Certification:	3 Sulcide 6 Could not to determined		home, far	m, street, factory, offica	ul .	28f. Location (S City or Tow		oer or Rural F	Poute Number,
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edicai (	29a. Certifier 1 Certifying Pl	hysician: To the best of my ki miner: On the bests of examinand mannar stated.	nowledge, nation and	deeth occurred at the t Vor Investigation, in my	ime, date and placa opinion, deeth occu	, and due to the c rred at the time, d	euse(s) and ma ate and placa,	anner as stat and due to th	ed. ne cause(s)
	within To th comp	M	29b. Signature and title of certifier	0.0		29c. Licen	se number	2	9d. Date signe	d (Month, De	ıy, Year)
			Dennis	Christo 10		OC	ME		JUNE 2	22, 1	997
			30. Name and address of person who Dennis J.	completed cause of deeth (Its	em 23a) (	Type, Print) Penn Str	eet, Ba	ltimore	, Mary	yland	21201
	Sta Registi	-	31. Date filed (Month, Day, Year)  JUN 27 198	32 Registrar's Sig		Sall					

ARE SERVICE OF ACTUAL PROPERTY.

State of Maryland / Department of Health and Mental Hygiene 9 7

Concept of Hermal Pire (Masson, Last)							Cer	tificate of	Death		Reg. No.	•	Int C has h	- 0
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** 41: 34 am UDIND Hal DIN. 199 SULVE /Medical 4c. County of Death 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death **Examiner** Holy Cross Hospital Silver Spring Montgomery 6. Sex 1 ÅM 2□ F If Under 1 Year If Under 24 Hrs. 8. Date of Birth
Hours Min. (Month, Dey, Year) 5. Social Security Number Birthpiace (State or Foreign Country) 7. Age (In vrs. last birthday) Months Days 116-12-4154 84 Jan. 4, 1913 New York Usual Residence of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d Inside City Limits MD Montgomery Silver Spring 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 10108 Portland Road 20901 Funeral USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Biack, White, etc. 1 ☐ Never Married 2 Married IXYes 2□No IfYes, Give Year or Dates: 1942-45 1 Yes 2 No Specify: þ Specify: White 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Real Estate Broker 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be John Thomas Halpin Katherine Frances Gralev 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Eleanor R. Halpin 10108 Portland Road, Silver Spring, MD 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition Dete 20c. Location - City or Town, State 1 XBurlal 2 Cremation 3 Removal from State 4 ☐ Donation 5 ☐ Other (Specify) St. Mary's Cemetery 6/11/97 Washington, DC 22. Name and Address of Fecility Francis J. Collins Funeral Home, Inc 500 University Blvd. 21. Signature of Funeral Service Licanse Silver Spring, MD 20901 23a. Part1. Enter the disease, or complica shock, or heart failure. List only one ons that caused the death. Do not enter the mode of dylng, such es cardiac or respiratory arrest, Approximate rval Bet Oneet end Death Immediate Ceuse (Final WAirator diseese or condition resulting in death) Lundrary Disease Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Lest Hear DUGLITIUR Physician/Medical Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings eveilable prior to completion of cause of death? Completed 24a. Was an autopsy 1 Yes 2 No 1 ☐ Yes 2 ☐ No Be 25. Wes case referred to medical 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending Investigation 1 Natural 2 Accident 1 Yes 2 No 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 - Homicide Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the ceuse(s) end manner as steted.

2 Medical Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred at the time, date end place, end due to the cause(s) and manner stated. 29a. Certifier Medicai 29b. Signature and title of certifier 29d. Date signed (Month, Dey, Year) 29c. License number

Silver spring, MA

196

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

**Funeral** 

Director

notified at

288-1

à must be Items 23a

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marked

important: If Item 27 any injury or other tr

**Physician** /Medical

Examiner

The law requires that the death certificate be executed

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director.

filled in by

this funeral

After

efter death.

To the Hospital of within 24 hours of ... To the Funeral D

P.O. Box 68760.

Records,

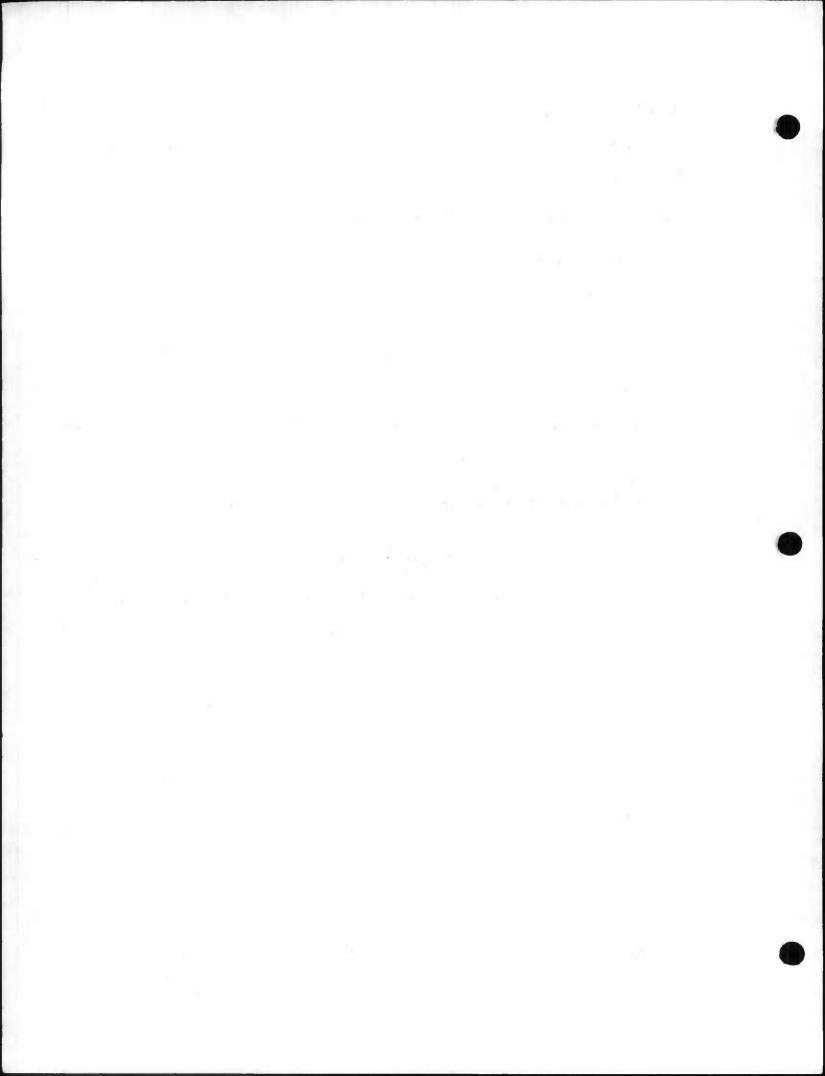
Division of Vital

Hospital or Attending Physician:

Baltimore, Maryland 21215-0020

Pages 1 and 2 should be filled within and Mental Hygiene.

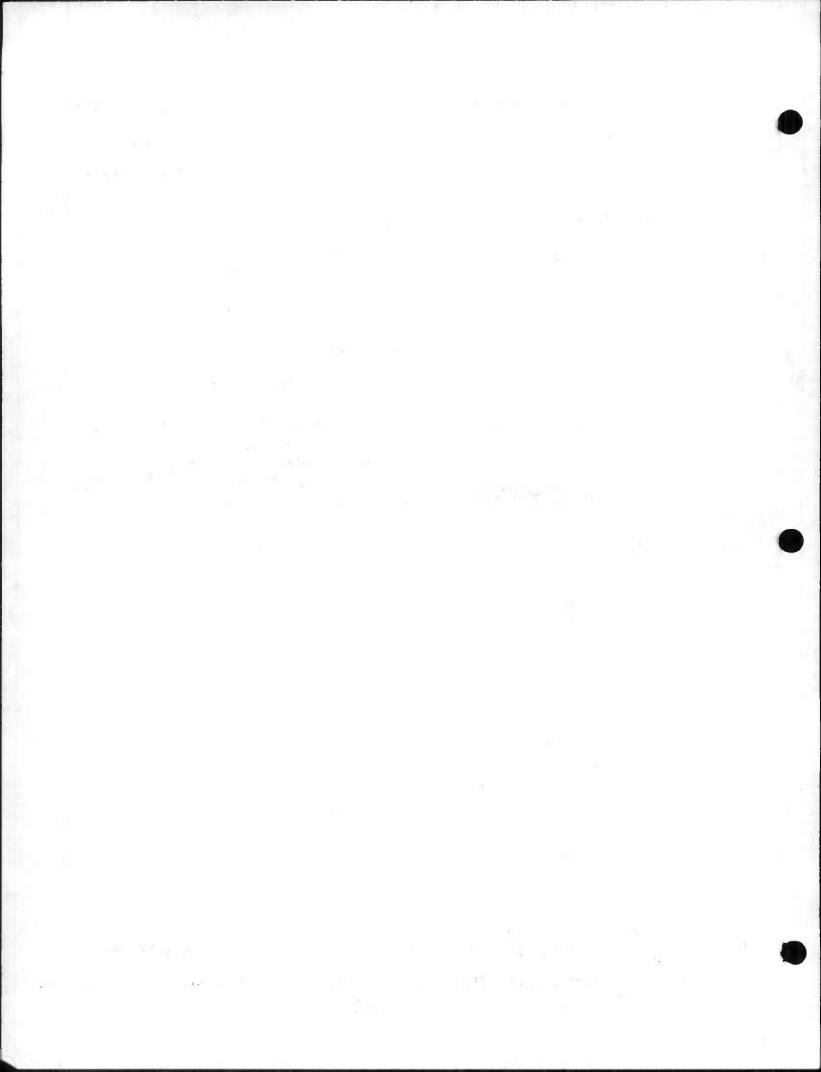
State Registrar



State of Maryland / Department of Health and Mental Hygiene 97 2028

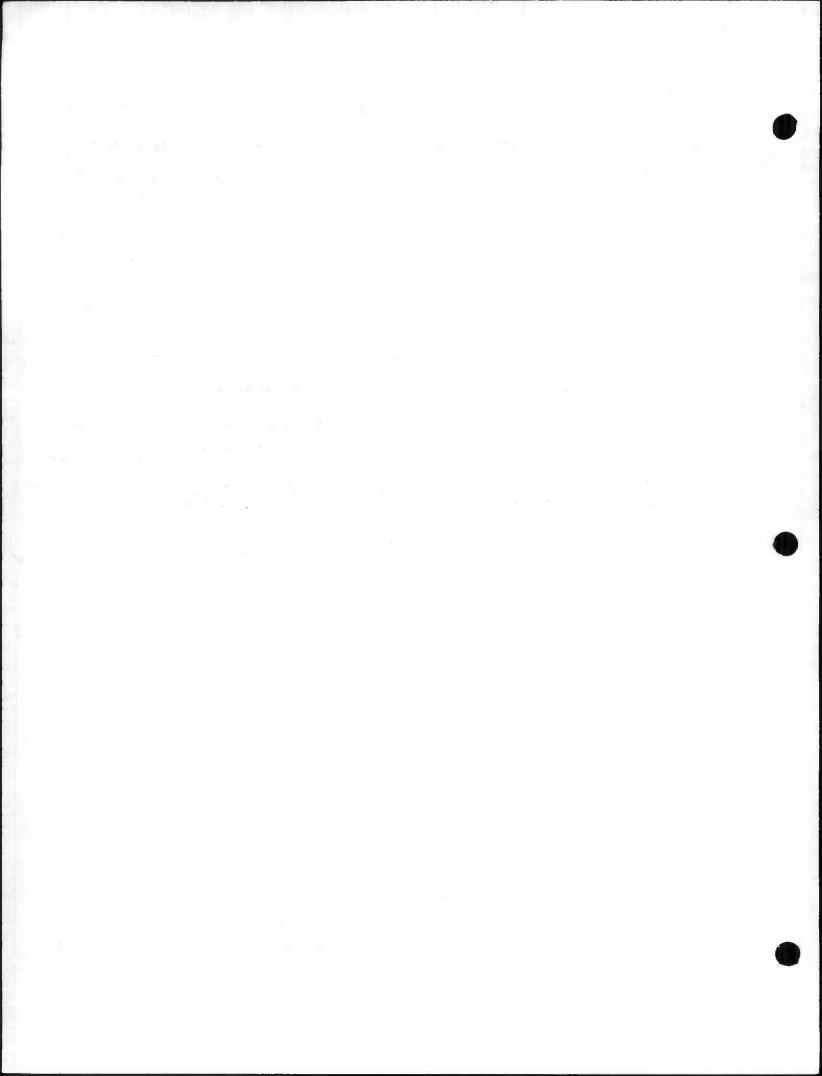
							Centi	ficate	or Dea	ath		Reg. No.			
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/Medi			Fra	nces Ze	11e H	lardı	e.					Day 199	Year 7	4:5	O PM
Examir		4a. Facility Name (If not instituti	ion, give s	street and number	er)				4b. Cit	y, Town, or	Location of Daar		nty of Death		
		4304 Independ	ence	Street					Roo	ckvil.	le	Mon	tgomer	У	
neral ector		5. Social Security Number 577-28-7239 Usual Rasidence of Decedent	6. Sax	7.	Age (In yr 75			If Under 1 Y Months D	aar If Ui ays Ho	nder 24 Hrs urs Min		rth a <i>y, Year)</i> 5, 1922	Cour	placa (Sta ptry) ginia	ate o <i>r For</i> aig
		10a. State 10b. Coun	ty		10c. (	City, Tow	n or Locat	lion					1	Od Insid	e City Limit
	0	Maryland Mont	Como	****	r	- 1	.111						[		Yes 2X N
	Director	10e. Street and Number	gome	Ly	I.	OCK	/ille	10f. Zip Co	do			10- Ohi	-6140		-A-
8		4304 Independ	lange	Ctroot								10g. Citizen			
8	era	11. Marital Status		12. Was Decede	nt Ever in	11 9	13 Wa	208		o Origin? /	Specify Yes or No	United	State		
event, and manifest and manifest of the state of	by Funeral	1☐ Never Married 2☐ Ma 3☑ Widowed 4☐ Divorce	arried	Armed Force 1 ☐ Yes 2 ☐ If Yes, Giva Year or Date:	s? ∏No	0,0.	If Y	as, specify	Cuban, Me	xicen, Puai	to Ricen, etc.)	E	Black, White,	etc.	
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	npi	Elamentary/Secondary (0-12)		Collaga (1-4c	r 5+)		life. DO	d of work d NOT use re	etired)	most or we	rking				
	ပ်			2			Но	memak	er			Own	Home		
	Be	17. Father's Nama (First, Middle	e, Last)						18. N	fother's Na	me (First, Middle	, Maidan Sum	ama)		
	2	Oscar Thoma	.S							Zell	e McLaui	rin			
		19a. Informant's Name/Ralation	nship (Typ	oe, Print)		19b	. Mailing A	Address (St	reet and Nu	umber or R	ural Route Numb	er, City or Tov	vn, State, Zip	Code)	
ODCE.		Renee J. Montg	omer	y/Daught	er	7	179	Cava1	ry Dr	ive,	Warrento	on, Vir	ginia	2018	37
		20a. Method of Disposition				Ph 1	marine a ter	(6.1			8, Date 1997		n - City or To		
		1 ☐ Burial 2 🏋 Cramation 4 ☐ Donation 5 ☐ Other (		emoval from Sta	e Mo			Crem			10, 1997	Bethes	do Mo	ww1.	nd
once.		21. Signature of Funeral Service	e License	K. 110	M003		Roc Roc	ama and A	ddress of F	acility Ro	bert A. O West N	Pumphr Montgom	ey Fur ery Av	eral enue	Home
		23a. Part1. Enter the disaase, o	or complic	ations that cous	ed tha da	ath. Do r					d 20850- c or raspiratory a			Approxi	mata
an cal		Immediata Cause (Final disass or condition	st only one	Myoc	iina.								Ir	Onset a	Between nd Death minate
ner	Jer	resulting in death)	a.	Coro	Due to	(or as a	onsaquar	nce of):					1		minate
	Examiner	Convention the ties are divised	b.			-		,							
	Exa	Sequentially list conditions, if any, leading to immediate		Como			onsequer						Se	vera Yea	
Ĭ	cal	ceuse. Enter Underlying Cause (Disease or Injury that Initiated events	c.	Coro				iseas	e				1	160	115
	edical	resulting In death) Last	1	4 . 1			onsequen	ice of):					Se	evera	a1
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											10	Yes 2⊠ No	1□	Yes 2	No KE
	S								26. P	lace of De	ath (Check only o	one)			
		25. Was case referred to medice	91	spital:	ient 2	ER/Out	patient :	3□ DOA	Othar: 4	Nursing H	ioma 512 Resid	dence 6 🗆 O	ther (Specify	)	
	o Be	25. Was case referred to medica axaminer? 1 ☒ Yes 2 ☐ No		1 Inpat	IOIIL ZL			100. 1				· ·			
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	edical Certification: To Be	axamlner?  1	ng igation not be mined	28a. Date of in (Month, D	njury - At h	28b. T	m, streat,	M factory, offi	1 ☐ Yes 2	and place	28f. Location (	Street and Num	mber or Rural	hated	
	fedical Certification: To Be	axaminer?  1	ng igation not be mined ng Physic t Examina	28a. Date of In (Month, D)  28e. Place of In building, e	njury - At h	28b. T	m, streat,	factory, officurred at thigation, in m	T Yes 2 ce e tima, date ny opinion, ense numb	e and place death occu	28f. Location (City or Tou	Street and Num	mber or Rural manner as sta e, and due to	ated. the caus	e(s)
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 9 7

							Cer	tificate o	f Death		Reg. No.		
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	Physic		RICHARI		C			HIL	L	JUNE	08	1907	0010
	/Medi Examir		4a. Facility Nema (If	_	va street and num	ber)			4b. City, Town, or			unty of Death	0010
7	Exami	iei					ma T					CASTANDAYANA	222
H	e	-	5. Social Sacurity No		ADVENTIS Sex	T HOSPI  7. Age (In yrs. la.		If Undar 1 Ye	ROCKVII		MOI!	VIGOREE	
	Funeral Director		577-66-24		1⊠M 2□F	47	Yrs.	Months Dey		(Month, D	ey, Year)	Cour	pleca (Stata or Foreign
L	Director		Usual Rasidence of			77				Feb. 2	26, 195	Wash	nington, DC
	and and		10a. Stata	10b. County		10c. City,	Town or Loc	etion				1	10d. Insida City Limits
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	oth with the Marylar 23a or 28a-f show	Director	Maryland	Montgom	ery		Rockv						
	A S		10e. Street end Nurr					10f. Zip Code				of Whet Cour	
	23s	<u>a</u>	610 Grea	at Falls	Road			2	20850		Unite	d State	es
	be filed within 72 hours eiter deeth with the Maryland tal Hygiene. d other than "natural", or items 23a or 28a-f show event, the Mad cal Example must be not that a	Funeral	11. Maritel Stetus		12. Was Daced	dent Evar in U,S. cas?	13. V	Vas Decedant o	if Hispanic Origin? (S uban, Mexican, Puer	pecify Yes or N	0- 14.	Race - Americ Black, Whita,	
0	or it		1 🗋 Nevar Marrie	ed 2 Marriad	1 ☐ Yas a	2 X No		☐ Yas 2☑N					etc.
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<u>a</u>		To B	Joseph (	C. Hill					Mae Jo	hnson			
5	d 2 should th and Men 7 is marke traumatic	-	19a. Informent's Na		(Type Print)		10h Mailin	a Addrage /Stra	at and Number or Ru	imi Pouto Numi	nor City or To	um State Zir	Codal
M			Mae J. Hi										
o o	of Health item 27		20a. Mathod of Disp		er	20h Pla	on of Dienos	ition /Alama of	11s Road,	Data			
o					Removel from S	0.00	natary, crem	atory or othar p	olaca) June 1	3, Date 997		on - City or To	
Ë	Pa men snt: ury		4 Donation	5 Othar (Speci	(fy)	Mont	gomer	y Crema	atorium, Į	nc.	Bethe	sda, Ma	aryland
Baltimore,	permit. Pages Department of important: If it any injury or once.		21. Signatur of Fur	ieral Service Lice	ensaa		RO.	Nama and Add	dress of Facility	Funera	Home	Rockvi	ille, Inc.
<u>m</u>	80 5 5 8		Kar	A Far		M00198	13	00 West	Montgome e, Maryla	ry Aven	ue		illo, inc.
			23a. Part1, Enter to	diseasa, or con	nolications that ce		Do not anta	r tha moda of d	lying, such es cardia	or respiratory	50-280	2	Approximata
	Dhualaian		shock, or haaf	failura. List only	ona ceusa <i>on</i> aa	ch line.			, , ,	, , , ,	,		Intarval Batween Onset end Death
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68760,	ata b hysic ha b	edical	thet initiated events resulting In death) L	ast	C	Due to (or e	s a consequ	ance of):					
9	sertifica ding ph	Mec	to outing the duting as									1	
Box	eath cert ettendin I for use				d								
	death e ette	Physician/	Part II. Other algnific	cant conditions	contribution to dea	th but not result	ng in the un	darlying causa	oivan In Part I	23b Did	tobacco use	contribute to	o the cause of death?
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	10		) Wa	Masta	ma 4	n O		D	41119		JUN	E 08	1997
	`		30. Nama and addres	ss of person who	completed cause	of death (Item 2	3e) (Type F	Print)					
			DALLA	SHAR		O W.E	DMO~	STON	DR. # 3	03 K	Ockv.	16 M	1997
	-00		31. Data filed (Month			nistr#'s Signatur	ra		71 0	- 3 ,		-	
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that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attendil	ed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as tith and Mental Hygiene prior to burtal, cremation, or removal.	
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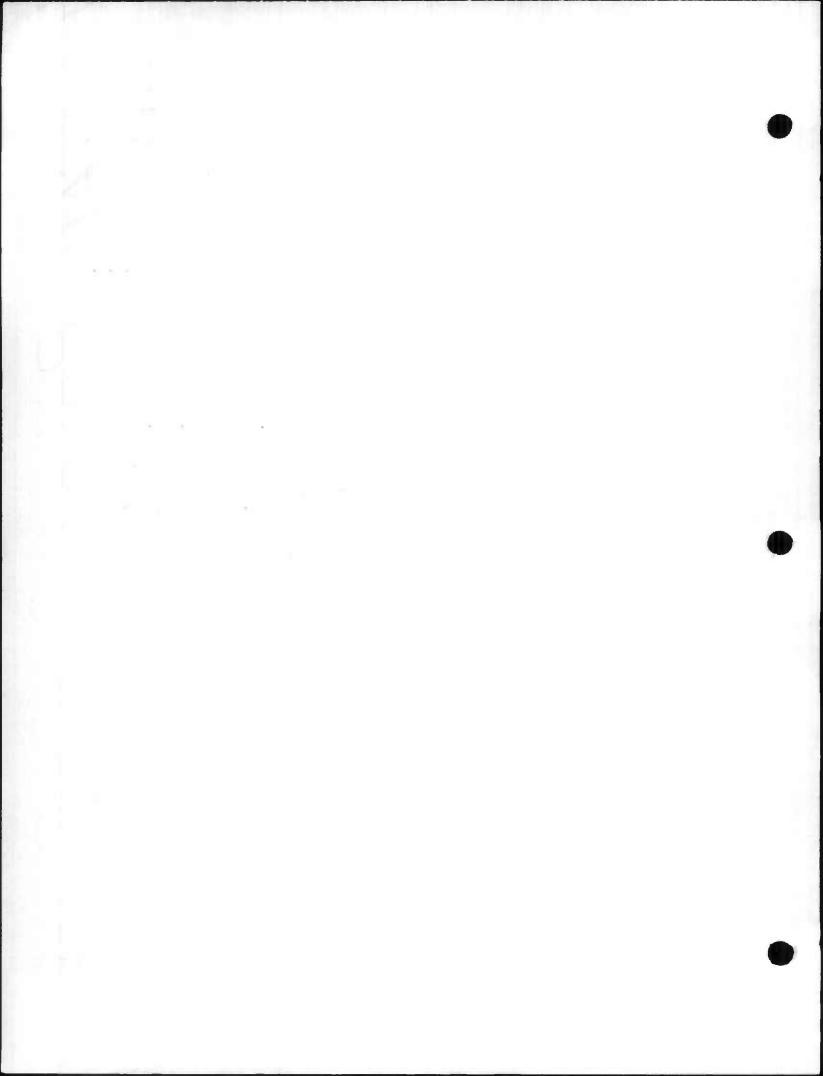
BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ling physician. the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-riours after death. Page 8 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last,	)	OLI	RTIFICATI	L OI L	72.74.11.1	2. DATE	REG. NO.			3. TIME OF DEATH			
		***				MONTH	DA		EAR				
4. SOCIAL SECURITY NUMBER	GERALD 5. SEX 6. /	AGE (In yrs. lest bi	MBERG	R 1 YEAR	IF UNDER 24 HRS.	7. DATE O			97.	9:00p PLACE (State or Form			
003 10 1974	1XXM 2 □ F	88	YRS. MONTHS	DAYS H	HOURS MIN.		Day, Year)		Countr	HAMPSHI			
Sa. FACILITY NAME (If not institution, give	street and number)	00	9b. CIT	Y, TOWN OR	LOCATION OF D	JUNE	11.	9c. COUNTY			N		
6122 MASSACHUSET	TS AVENUE		1	BETHES	SDA			MONT	GON	ŒRY			
RESIDENCE OF DECEDENT  10a. STATE 10b. COUN	TV		100 CITY TOWN	DD 1 0047701									
	NTGOMERY		10c. CITY, TOWN	BETHES				10d. INSIDE CITY LIMITS?					
10e. STREET AND NUMBER	11200111112				ZIP CODE		_	1 1 1 YES 2 □ NO			0		
6122 MASSACHUSET	TS AVENUE				2081	6				S.A.			
11. MARITAL STATUS	12. WAS DECEDENT EX	ER IN U.S. ARME	ED 13.		IDENT OF HISPAI			s or No 14	RACE	— American Indian			
1 Never Married 2 Married  3XXWidowed 4 Divorced	IF YES, GIVE WAR				Ify Cuben, Mexica		ican, etc.)		Speci	i, White, etc. ly:			
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Elementary/Secondary (0-12)	Coffege (1-4 or 5+)		TERINAR:				OWN :	BUSINE	SS				
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	AME (First, M	Iddle, Maiden	Surname)	11				
GUSTAVE HOLMBERG					SELMA	-							
19a. INFORMANT'S NAME (Type/Print)		19b. 8	MAILING ADDRES	S (Street and	Number or Rural	Route Numbe	er, City or Tow	m, State, Zip Co	ode)		_		
SANDRA FUCIGNA/D	AUGHTER	612	22 MASS	ACHUSI	ETTS AV	E. BE	THESD.	A, MD.	20	)816			
20a. METHOD OF DISPOSITION 1 Burial 2 X Cremation 3 Rec	movel from State	20b. PLACE OF other piece	DISPOSITION (N	ame of cemet	tery, cremetory or		20c, LO	CATION - Chy	y or To	wn, State	ī		
4 Donation 5 Other (Specify)				CREMA	ATORY		ALE	XANDRI	A.	VIRGINIA			
21. SIGNATURE OF PLINERAL SERVICES	21. SIGNATURE OF PLINERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY												
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Tarelle	UK_			VES-PI	EARSON	FUNER			<b>T7 A</b>	22201			
23. PART I. Enter the diseases, o	complications that ca	used the deat	2	VES-PI	EARSON	FUNER	ARLIN	GTON.	VA.	Approximate			
shock, or heart failure	complications that ca	used the deat on each line.	2	VES-PI	EARSON	FUNER	ARLIN	GTON.	VA.		WO		
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shock, or heert failure  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflisted events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 70  27. MANNER OF DEATH  1 Netural 5 Pending investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR e. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. DUE TO (OR d. 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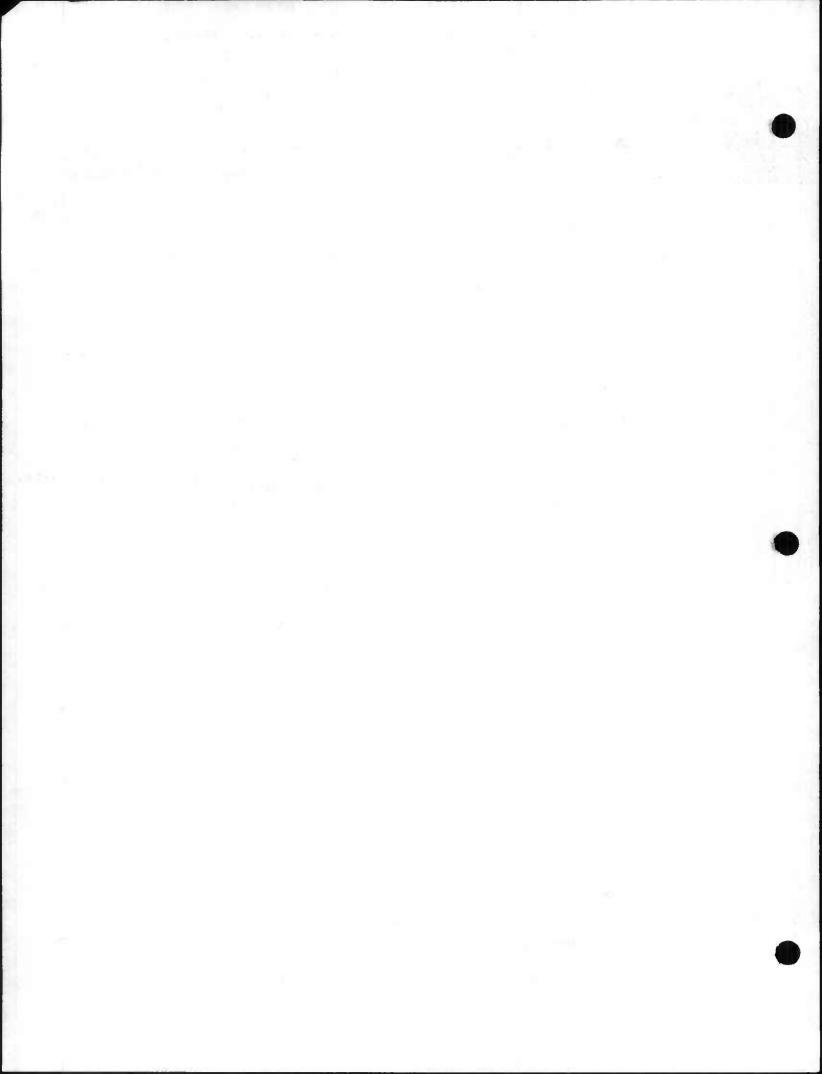


State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

97 2023

_						Cei	rillicate	OI	Death			Reg. No.			
	Physic /Medi		1. Decedent's Neme (First, Middle	Last) Lewton	Ho	ighe	ett				2. Dete of D Month June	_	1999ar	3. Time of Deeth 3:15 am	
	Exami		4a. Fecility Nema (If not institution,	give street and nur	nber)			4	b. City, To	wn, or Lo	ocation of Dee		nty of Deeth		
T			Manor Care Silv	er Spring	ž.				Silv	er S	Spring	Mo	ontgome	rv	
	Funeral			6. Sex	7. Age (In yrs.	last birthdey)	If Under 1		If Under	24 Hrs.	R Date of B	irth		ce (Stete or Foreign	
	Director		578-36-4648	1□M 2XF	84	Yrs.	Months	Days	Hours	Min.	(Month, D	15, 191	2 Maryl	and	
	p		Usuel Rasidence of Decedent												
	how the		10a. Stete 10b. County		10c. Cit	ty, Town or Lo	cation						10d	d. Inside City Limits	
	W	cto	MD Montgo	mery	Sil.	ver Sp	ring							1 ☐ Yes 2 No	
	ges 1 and 2 should be filed within 72 hours after deeth with the Meryland it of Health and Mental Hygiene. If Item 27 is marked other than "natural", or items 23a or 23a-f show or other traumente event, the Med set Examine, must be notified as	ire	10e. Street and Number				10f. Zip (	ode				10g. Cltizen d	of Whet Country	y?	
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State of Maryland / Department of Health and Mental Hygiene 97 2022

					Cert	ificate of	Death		Reg. No.	1 20232	
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	72 hours after death with the Maryland neturelf, or items 23s or 28s4 show lical Examiner must be notified at	0	3322 14th Street	N M #30	2	2001	0		10g. Citizan of What Country? United States		
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<u>×</u>		2	Richard Hubert	Atkinson			Lula Mad	e Hodge	S		
Maryland	d 2 should th and Mer 7 is marks traumatic		19a. tnformant's Name/Raiationship (Ty	pe, Print)	19b. Malling	Addrass (Stree	t end Number or Run	il Routa Numb	er, City or Town,	Steta, Zip Coda)	
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	spits nours nersi		29a. Certifiar 1 Certifying Phys	ician: To the best of my kno	owiedge, deeth o	ccurred at tha ti	ma, dete and plece, e	and due to the	cause(s) end ma	nnar as stated.	
	To the Hospital or Attending Physician: The law within 24 hours after death.  Ao the Funeral Director: After this certificate has completely filled in by the funeral director, page 2.	Medical	(Check only 2 Medical Examin	ar: On the basis of examine and manner stated.	ation and/or Inves	stigation, in my	opinion, daath occurre	ed at tha tima,	data and place,	and due to the cause(s)	
	Com	Σ	29b. Signatura and titia glamma	,		29c. Licans				d (Month, Day, Year)	
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**DHMH 16 Rev 6/95** 

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Asburry Hogg  19e. Informent's Name/Ratationship (Type, Print)  19b. Meiling Addrass (Street and Number of Rural Route Number, City or Town, Stets, Zip.  11106 Webbwood Court, Upper Marlboro, MD  20e. Mathod of Disposition  128 Buriat 2 Dicremation 3 DRamoval from State  4 Donation 5 Dohar (Specify)  21. Signature of Funarial Sarvice Licensea  22. Name and Addrass of Facility  22. Name and Addrass of Facility  23a. Pertl. Enter the disease, or complications that caused the dath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure, Liet only one cause on asch tine.  23a. Pertl. Enter the disease, or complications that caused the dath. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure, Liet only one cause on asch tine.  25a. Pertl. Enter the disease, or complications that caused the dath. Do not enter the mode of dying, such as cardiac or respiratory arrest, and deaded assess or conditions, and the such as a consequence of):  25a. Pertl. Enter the disease, or complications that caused the dath. Do not enter the mode of dying, such as cardiac or respiratory arrest, and deaded assess or conditions, and the such as a consequence of):  25a. Pertl. Enter the disease, or complications that caused the dath. Do not enter the mode of dying, such as cardiac or respiratory arrest, and deaded assess or conditions, and the such as a consequence of):  25a. Pertl. Conter and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the dath and the d		403-30-8368	THE OF	Mo			8. Data of Birth (Month, Day June 2	Year) 5,1928	9. Birthplaca Country) Kentu	(Stata or Forei	
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	)	20. Jun 11). MO # 050264 6/17/97									
30 Name and address of person who completed cause of death (Item 23e) (Type, Print)  DOUS AS GIA STONE MD GOONS WOLFE Street Baltinore Marylan	7	30 Neme and address of person who co	completed cause of death (ttem:	23e) (Type, Print)	the Wood	Fe stree	t BAH	hore M	myland	2/287	

State of Maryland / Department of Health and Mental Hygiene 20234 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death 3. Time of Death **Physician** Esther M. Harrison June 16, 1997 3:45 P.M. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner SUBURBAN HOSPITAL Bethesda Montgomery If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Sociel Security Number If Under 1 Year 7. Age (In yrs. last birthday) **Funeral**  Birthplace (Stete or Foreign Country) Days 1 ☐ M 2 🖸 F Months Director 577-88-2403 May 1, 1911 Richmond, VA Usual Residence of Decedent 10b. County Mode ! 10c. City. Town or Location 10d. Inside City Limits r than "natural", or items 23e or 28a-f ehor Director 1⊠ Yas 2 No District of Columbia Washington 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3311 Ely Place, S. E. 20019 Funeral United States 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☒ No Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indian, Black, Whita, etc. permit. Pages 1 end 2 should be flied within 72 hours after Depertment of Health end Mental Hygiene. Important: if Itam 27 is merked other than "natural", or ite, any highry or other treumatic event, in the call Examines once. 1 Nevar Married 2 Married 1 Yes 2 No Specify: p Specify. 3₺ Widowed 4 Divorcad Black Completed 16e. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) Elamentary/Secondary (0-12) Homemaker Private 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be Irene Graves James Anderson 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code) 20784 Eileen J. Jones - Daughter 7527 Riverdale Road, #1824, New Carrollton, MD 20b. Place of Disposition (Name of cometery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State 1 □ Burial 2 □ Cremation 3 □ Removal from State 4 □ Donation 5 □ Other (Specify) 6/21/97 Lincoln Memorial Cemetery Suitland, MD 21. Signature of Fugeral Service Licans 22. Name and Address of Facility STEWART FUNERAL HOME, INC. 4001 Benning Road, N.E., Washington, D.C. 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, or heert feilure. List only one cause on each line. Approximate Interval Between Onsat and Death **Physician** /Medical immediate Cause (Final neumonia disaasa or condition rasulting in daath) **Examiner** Due to (or es a consequence of): Examiner sician and buriel-transit Sequentially fist conditions, if any, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In death) Last Due to (or as a consequence of): physician s the burie Physician/Medical Due to (or as a consequence of): 88 signed by the at t be datached to Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Unknown by 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? Completed paga 2 s 1 Yes 1 Tyes 2 No 25. Was case referred to medical exeminer? Be 26. Piece of Death (Check only one) 1 ☐ Yes 200 No Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA this funeral 27. Manger of Deeth 28d. Describe how injury occurred 28c. Injury at Work? 5 Pending investigation Natural 2 Accident 1 Yes 2 No after death Director: 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 3 ☐ Sulcide 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) filled in by 4 Homicide 24 hours a Certifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier (Check only one) within 2 To the 29b. Signature and title of partition 29c. Licanse number 29d. Date signed (Month, Day, Year) Egglon Ro Retherd Mn 20814 and address of person who completed cause of death (Item 23e) (Type, Print)

State Registrar

31. Date filed (Month, Day, Yeer)

32. Registrer's Signature

death

Baltimore, Maryland 21215-0020

Box 68760,

P.O.

Division of Vital Records,

or Attanding Physician:

Hospital

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State of Maryland / Department of Health and Mental Hygiene 97

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Physician: The la this certificate has ral director, page 2	0	examiner?	Hospital: 1 ☐ Inpatient 2	ER/Outpetient	3□ DOA O	her	ome 5 Resid		er (Specify)	
0 = 0	n: T	27. Mannar of Daath	28e. Date of Injury (Month, Day Yaar	28b. Time of Injury	28c. inju	ury et	28d. Describe h	now Injury occur	red	
Attanding or deeth.	atlo	1 ☐ Aaturel 5 ☐ Pending investigation	(Monny, Day Yaar	/ Injury		Yes 2 □ No				
545.5	Certification:	3 ☐ Suicide 6 ☐ Could not be 4 ☐ Homicida detarmined	28a. Place of Injury - A building, atc. (Spe	t homa, farm, stre	et, factory, office		28f. Location (5 City or Tox		ber or Rural I	Routa Number,
To the Hospital or within 24 hours efter To the Funeral Dir complataly filled in	edical C	29a. Certifier (Check only one) 1 Cartifying Phy 2 Medicel Exam	sician: To the best of my inar: On tha basis of exam and manner stated.	knowledga, daath inetion end/or inv	occurrad et tha t estigation, In my	ime, data and place, oplnion, daeth occur	end dua to tha cred et the tima,	ceusa(s) and madata end plece,	annar as stat and dua to t	ad. ne ceusa(s)
o the	Me	29b. Signature and title of certifier	and marrier stated.		29c. Lican	se number		29d. Date signe	d (Month, De	ay, Year)
F 3 F 8		1000	AHO	Miler	2	44431		JUNG		1907
(10)		30. Name and address of parson who c	ompleted cause of death (	tem 23a) /Tune F	Print) /	,				11-1-
(10)		A SHVIN KUMAR	omplated cause of death (	MAN (Type, F	603	POSTOFFIC	E FD HIDOR	E 201	2-1	.07
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Registrar

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State of Maryland / Department of Health and Mental Hygiene

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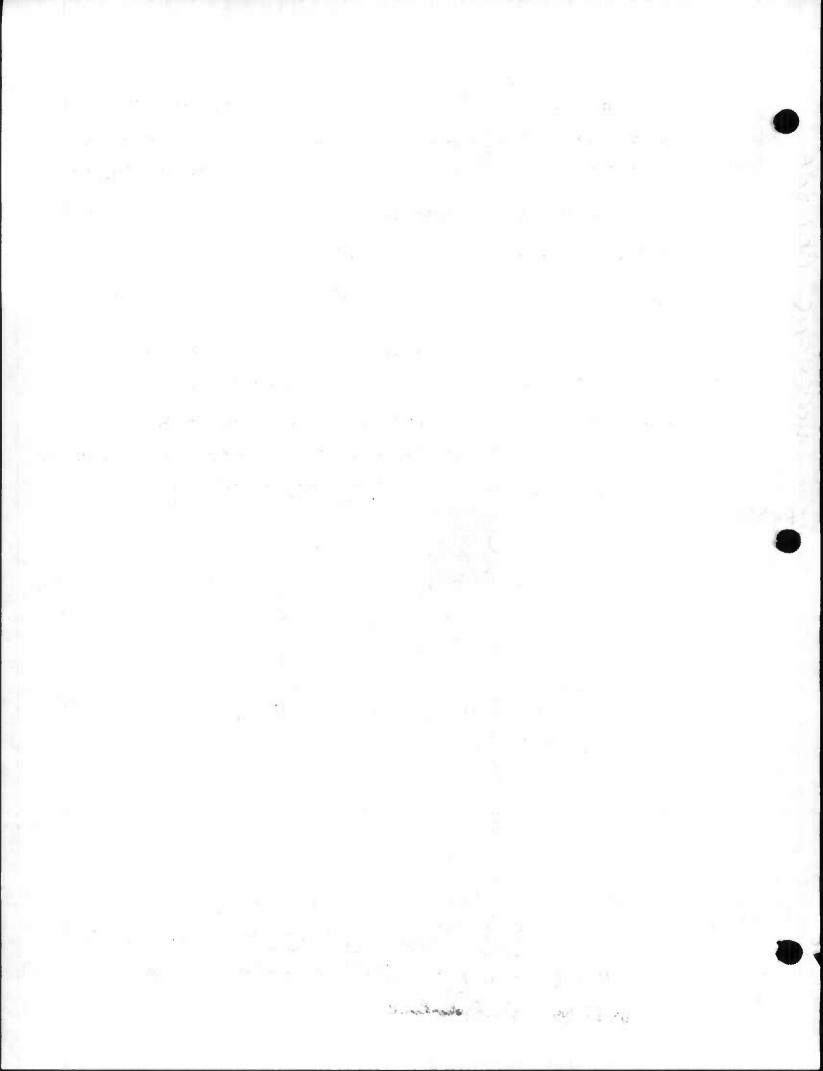
								C	ertifica	te of	Death		Reg. No.	2 1	
	Dhusia	ion	1. Decedent's Na	ime (First, Midd	fle, Last)		-					2. Date of D Month	eath Day	Yeer	3. Time of Death
	Physic Medi/		Romona	Maria	Houch	ens						June	12,	1997	6:30 P.M
10.2	Exami		4a. Facility Neme		-						4b. City, Town, or I	Location of Dea	th 4c. Co	ounty of Deeth	1
14			Prince	George	's Ho	spita.	1 Cent	er			Cheverly		_	ince Ge	orge's
AN	Funerai Director		5. Social Security	-4102	6. Sex	XXF	7. Age (In yrs 65	s. last birthda Yrs.	Months	Deys		8. Date of Bi (Month, D Aug. 2	irth ey, <i>Year)</i> 2,1931	9. Birth Con Mar	nplace (State or Foreign untry) 'y land
0	pud *		Usuel Residence	of Decedent 10b. Count			100 0	ity. Town or	Location						404 1 - (4 - 0): 41 1
3	arylan show	-	MD	Anne		1 م		ambri]							10d. Inside City Limits  XX Yes 2 □ No
D MO	r 28a-f sh	Director					- 0	amoi i		- 100					
Ro	23a or 3	rai Dir	978 Sun		11 Dr	ive				054				n of What Cou ed Stat	
5	within 72 hours efter death with the Maryland with ratural; or items 23s or 28s-f show then "natural" or items 23s or 28s-f show the Westerl Exemple must be notified at	by Funerai		s urried 2□ Ma I 4□ Divorce	rried	Wes Deced Armed For 1 Tes If Yes, Give Year or Da	2 □ No		3. Was Dece If Yes, spe 1 ☐ Yes		Hispanic Origin? (S ean, Mexican, Puert Specify:	pecity Yes or N o Rican, etc.)		. Race - Amer Black, White pecify: Wh	e, etc.
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		Ü	17. Father's Name	e (First, Middle	, Last)			Walt	1600		18. Mother's Nan	ne (First, Middle			
0 5	d da b	To Be	Robert		,							M. Arno			
JOCE Brilling	d 2 should be the end Mental 7 is marked of traumatic events.	F	19a. Informant's			Print)		19b. Ma	ilina Addres	s (Street	t and Number or Ru			own State Z	in Code)
WE	od 2 1th e 27 is		George			,					liew Ct.	Bowie,			p 0000)
工。	C I B B		20a. Method of Di		CHEHS		20b.	Place of Dis	position (Na	me of		Date Date		tion - City or T	Town, State
2	Pages ent of h h: if he			2 Cremetion 5 Other (S		noval from S		cametery, cr arylar				5/16/97	Crown	sville	, Maryland
T altimotes	permit. Page: Depertment of Important: If I any injury or		21. Signature of I		-						ess of Facility				,
a n	Depe impo		▶ Jan	mus	fr	~	9		Rober	t E.	Evans Fu				
•	Physician /Medicai Examiner		Imm the Cause disease or condit resulting in death	e (Final	a	S	EPT Due to		$\epsilon$	NI					Interval Between Onset end Death
200	uted d ansit	Examiner	0	4701	b	Re		or as a cons	470	R	1 1-1	AILC	DRE		>2-13
9	rificete be executed ng physician end as the buriel-transit	ai Exa	Sequentially list of if eny, leading to cause. Enter Und Cause (Disease of	immediate derlying or Injury	C	C	OP	D.	equence or)	•					
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	is des the a	Physician/	Part It. Other sign	ificant conditi	ons contrib	outing to dea	th but not re	sulting In the	underlying	cause giv	ven In Part I.	23b. Dld	tobacco us	s contributa	to the causs of death?
0	thet the death ce ned by the attend e detached for us	by Phy	200	10	TI	MC	UR	; a	bux	ia(	-autt	mg 10	Yas 2	No 3□Pro	obably 4 Unknown
Division of Vital Records.	The law requires that the death certificate be executed site has been signed by the attending physician and page 2 should be detached for use as the buriel-transit	Completed b	Mul	itiple	5 0	9-	Sho	res,	,			24e. Was	s an autopsy ormed?	a	Vere autopsy findings vellable prior to ompletion of cause f death?
ď	The law te hes	E										10	Yes 2	No 1	☐ Yes 2☐ No
<u>e</u>	certificete	Bec	25. Was case refe	erred to medica	ıl						28. Place of Dee				
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o noi	Attending Physician: r death. ector: After this certific. by the funeral director,	ation:	27. Menner of Dea 1 Netural 2 ☐ Accident	5 Pendi	ng gation	28a. Date of (Month	Injury , Day Year)	28b. Time Injury	of M	28c. Injui Woi		28d. Describe			
Divis	To the Hospital or Attending Physician: The law within 24 hours efter death. To the Funeral Director: After this certificate hes completely filled in by the funeral director, page 2	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could determ	not be	28e. Placa o building	of Injury - At h g, etc. (Speci	nome, farm, s	street, factor	y, office		28f. Location ( City or To	(Street and N wn, Stete)	Vum <i>ber or Rui</i>	ral Route Number,
	Hospita 24 hours Funeral	Medical C	29a. Certifier (Check only one)	1 Certifyin	ng Physicie Examiner:	en: To the bes	ils of examina	owledge, dea ation and/or l	ath occurred Investigation	at the tir , In my c	me, date and placa, opinion, death occur	, and due to the rred at the time,	ceuse(s) an	nd manner as a ace, and due t	stated. to the cause(s)
	To the Within To the comp	Me	29b. Signature an	d title of certifie	er '	80	Place	2000	29	c. Licens	se number	5	29d. Date s	signed (Month)	Day, Year)
	(10)		30. Name and add	dress of person	who comp	leted cause	of death (Ite	m(23e) (Type	VIII.	lle	Read.	#22	0;8	sourie	-MD-207H
1-1-1	Sta	te	31. Date filed (Mo	nth, Day, Year,	1	32, Re	gistrar's Signa	ature				-			

32 Registrar's Signature

Registrar DHMH 16 Rev 6/95

State

JUN 17 1997



State of Maryland / Department of Health and Mental Hygiene 20237 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month 09:20 fm JEAN HAMILTON JUNE /Medical 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth **Examiner** GEONGES HOSPITAL CENTER PRINCE CHEVERLY PHINCE GEORGES 7. Age (In yrs. last birthdey) if Under 1 Yeer if Under 24 Hrs. 5. Sociel Security Number 6. Sex Birthplece (State or Foreign Country) 8. Dete of Birth (Month, Day, Year) **Funeral** 1 M 2 F Deys Months Director 579-40-8240 Nov. 10,1932 Washington, D.C. Usuel Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits the Medical Examiner must be notified at 1 Ves 2 No P. G. Direct Capital Heights 10e Street and Number 10g. Citizen of Whet Country? 6 Herns 23a 1534 Nova Ave. Funeral 20743 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Detes: Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 11 Merital Status 14. Rece - American Indian, Bleck, White, etc. filed within 72 hours after 1 Never Married ZXMerried 6 Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: Specify: by 3 Widowed 4 Divorced "naturel", Black Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) 4yrs Church Administrator Private 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maideri Sumeme) permit. Peges 1 and 2 should be fill Department of Health and Mental H Important: If Item 27 is marked oth eny lujury or other traumatic even once. Be Peges 1 and 2 should be end Mental Howard Ward Emma Chapman 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Woolford M. Hamilton, Tr./ Hus 1534 Nova Ave., Capital Heights Md. 20743

20a. Method of Disposition

Dete 20c. Location - City or Town, cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete Buriel 2 Cremation 3 Removel from State
Donetion 5 Other (Specify) 6/23/97 CHELTENHAM VET. CEM. CHELTENHAM, MD. 21. Signature of Funerel Service Licensee 22. Name end Address of Fecility Johnson & Jenkins Inc. 716 Kennedv St., N.W. Wash. D.C. 20011 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediete Ceuse (Finel . HYPERTENSIVE ARTERIOSCIEFOTIC CAMPIOVASCULAR DISEASE disease or condition resulting in deeth) Examiner Due to (or es e consequence of) Physician/Medical Examiner sician end buriel-transit The law requires that the deeth certificate be executed Sequentielly list conditions, if eny, leeding to immediate ceuse. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequence of): physician s the burie Box 68760. Due to (or es e consequence of) use as P.O. Pert il. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown ASTHMA signe bed Records, ð 24b. Were eutopsy findings eveileble prior to completion of ceuse of death? Completed 24e. Wes en eutopsy performed? page 2 certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No of Vital or Attending Physician: 25. Wes cese referred to medical Be 26. Piece of Deeth (Check only one) examiner? 1 Yes 2 No Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 3 DOA 1 ☐ Inpetient 2 ☐ ER/Outpetient this in by the funeral 27. Menner of Deeth 1 Delaturel 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred After Division 5 Pending investigation 1 Yes 2 No 24 hours after death. 2 Accident 3 Suicide 6 Could not be determined 28e. Piece of injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide Hospital Medical 29e. Certifier 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end manner as steted.

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred et the time, dete end plece, end due to the ceuse(s) end manner stated. To the Hosp within 24 ho To the Fune completely fi PEPUTY IMED ICAL EXAMINER 29d. Dete signed (Month, Day, Year)

033954

TUNE 17 1997 29b. Signature end title of certifier 30. Name end eddress of person who con deeth (Item 23e) (Type, Print) leted ceuse d 3001 HOSPITAL DRIVE, CHEVERLY, MARYLAND 20785 MARYO F. JP-GOLLE 32 Registrer's Signature 31. Dete filed (Month Day, Year)

**DHMH 16 Ray 6/95** 

State Registrar

State of Maryland / Department of Health and Mental Hygiene

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					Certificate of	Death		Reg. No.		
Physici	ian	Decedent's Neme (First, Middle, I					2. Dete of De June	-	1997	3. Time of Deeth
/Medi	cal	Joseph	Ernest		Hal					6:40 AM.
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		St. Mary's Hosp  5. Social Security Number 6.	-0	Un um lant hinth	49.4.4	Leonardtown If Under 24 Hrs.			Mar	
Funeral Director		579-03-1321	1XX 2□ F 87	(In yrs. last birtho	Months Days		8. Data of Birt (Month, Da	y, Year)		placa (Stete or Foraigntry)
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should be filed within 72 hours effer death with the Maryland nd Mental Hygiene. merked other than "natural", or Neme 23a or 28a-f show umeric event, tra Marical Examers must be nothed as		10e. Stete 10b. County		10c. City, Town o	or Location				1	IOd. Inside City Limit
Mar and an	io	Maryland St. Ma	rv's	Mechan	icsville					1 ☐ Yes 200N
or 28	Director	10e. Street end Number			10f. Zlp Code			10g. Citizen of	Whet Cour	ntry?
n 72 hours efter death with the Manylan "natural", or frems 23s or 28s-1 show slical Examiner, must be notified at		36713 Joan Driv	е		2	20659		U	.S.A.	
dea dea	Funeral	11. Marital Stetus	12. Was Decedent Ev Armed Forces?	var In U,S.	13. Was Decedent of If Yes, specify Cul	Hispenic Origin? (Sp	ecify Yas or No-		ca - Americ	cen Indian,
effe of the		1 ☐ Navar Married 2 ☐ Married	1 ☐ Yes 2 No		1 ☐ Yes 2 🔀 No		rioari, etc.,	10000	ck, Whita,	
ral',	d by	3 Widowed 4 Divorced	Yaar or Detes:					Specif	y:	White
natu	Be Completed	15. Decedent's (Specify only highest g	Education rade completed)	16e. D	ecedent's Usual Occu Give kind of work done fe. DO NOT use retire	pation during most of work	ina	16b. Kind of B	usiness/In	dustry
d other than	E E	Elementery/Secondery (0-12)	College (1-4or 5+	)						
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end Mental Hygi Is markad other eumatic event, I	To		Hall			Roberta				
0 8 9		19e. Informent's Neme/Reletionship Martha C. Hall	(Type, Print) (Wife)		Melling Address (Stree					
nent of Health nt: If Rem 27 I iry or other tr		20e. Method of Disposition	(мтге)		13 Joan Dr					
5 2 5		1 XBurial 2 ☐ Cremetion 3			isposition (Neme of cremetory or other ple		ne 24,	20c. Location	- City or 10	own, Stete
Important: It eny injury o		4 □ Donetion 5 □ Other (Spec	1	Cedar	Hill Cemet		1997	Suitla	nd, M	Maryland
mpo ny ir		21. Signeture of Plineral Service Lice	ensee / Y //	_	22. Nama and Addr	ess of Facility Le	e Funer	al Home	, Inc	
		234. Part1. Enter the disease, or con shook, or heart failure. List only	HAM			Alexandri			nton,	MD 20735
attending physician and Milfor use as the bunet-transit	an/Medical Examiner	Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest	b. ante	ue to (or este cor volate ue to (or es e cor ero sele ue to (or as a con	ral Mil nsequence of):	gocarde	al ing	archo		
the at	Physiciar	Part II. Other significant conditions		_	ne underlying ceuse gi	iven in Pert I.	23b. Dld t	obacco uss co	ntributs to	the causs of death
ad by detec	P	Rena	l Failu	rl			121	/88 2□ No	3 ☐ Prot	bably 4 Unknow
es been signed by the atte	Completed by	Can	l Failu drongez	pathy			24a. Was a	an eutopsy med?	ave	ere autopsy findings eileble prior to mpletion of ceuse death?
ate hes b	Co						1□Y	as 2 No	10	∃Yas 2□ No
ertific	Be	25. Wes cese referred to medical examiner?				26. Plece of Deet	(Check only or	10)		
ir deeth. ector: After this certificate hes by the funeral director, page 2	2	1 ☐ Yes 2 ☑ No	Hospitel: 1 Inpatient		Itlant 3LI DOA	her: 4 Nursing Ho	ma 5□ Resid	ence 6 DOth	er (Specif)	y)
uner	Certification:	27. Menner of Death 1 ☑ Neturel 5 ☐ Pending	28e. Dete of Injury (Month, Dey Y	(ear) 28b. Tim Inju	ry Wo		28d. Describe h	ow injury occur	red	
tor: /	cat	2 ☐ Accident investigetion 3 ☐ Sulcide 6 ☐ Could not	00			Yes 2 No				
Olrec in by	Ħ	4 ☐ Homicide determined		y - At home, ferm, ( <i>Specify)</i>	, street, fectory, office		28f. Location (S City or Tow		er or Aure	I Route Number,
land		29a. Certifier 1 Certifying P	Contain Total book of							
To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edical		hyeician: To the best of r miner: On the basis of ex end menner stete	xeminetion end/or	eeth occurred et the ti r Investigetion, in my	me, dete end plece, o opinion, deeth occurr	end due to the d ed et the time, d	euse(s) end me late end place,	end due to	ated. the ceuse(s)
within 24 hours effer deeth.  To the Funeral Director: A completely filled in by the f	Me	29b. Signetura and title of certifier	one monitor state	1	29c. Licens	se number		9d. Dete signe	d (Month, i	Dev. Year)
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				пт (пепт 23 <del>0)</del> (ТУ)		TEV CM	10111222		0015	
C				s Signature -	OUU MUAK	LEI SI. LI	LUNAKDT(	JWN, MD.	2065	0
Stat Registra	te ar	30. Name end eddress of person who SALVATORE I 31. Date filed (Month, Day, Year)	AURIA M.D.	th (Item 23e) (Types Signature)	600 MOAK	1034 Ley st. li	EONARDTO	æ/Z DWN,MD.	2065	7

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** Month Yaar Williams Harris /Medical June 17, 1997 6:00AM 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner Clinton
If Under 1 Yaar | If Undar 24 Hrs. |
Months | Days | Hours | Min. | 5400 Pizarro Ct. Prince Georges 5. Social Security Number 8. Data of Birth (Month, Day, Year) 7. Aga (In yrs. last birthday) Birthplace (State or Foraign Country) **Funeral** 1□M 2₩F Yrs. Director 50 435-68-8744 Aug. 23,1946 Louisiana Usual Rasidance of Decedant 10a State 10b. County 10c. City, Town or Location 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner must be not tred at 10d. Inside City Limits 17 Yes 2 No Director Clinton Maryland Prince Georges 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? by Funeral 5400 Pizarro Ct. U.S.A. 14. Race - Amarican Indian, Black, Whita, etc. 20735 12. Was Decedant Evar in U,S. Armed Forcas? Wes Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Ricen, atc.) 11. Marital Status 1 Navar Married 200 Married 1 ☐ Yes 212 No If Yas, Give Yaar or Datas: 1 ☐ Yas 2 ☑ No Specify: Specify: 3 ☐ Widowed 4 ☐ Divorced Black Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupetion (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Businass/Industry Pages 1 and 2 shouid be filled within nent of Heaith and Mental Hygiene. int: If item 27 Is merked other than ' Elamentery/Secondary (0-12) Collega (1-4or 5+) Teacher Elementary School 17. Fethar's Nama (First, Middla, Last) 18. Mother's Nama (First, Middle, Maiden Surnama) Be Gus Williams Olivia Swann 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) Department of Health ar Important: If Itam 27 is any injury or other train Aaron S. Harris 5400 Pizarro Ct. Clinton, Md. 20735 Baltimore, 20b. Place of Disposition (Nema of cematary, crematory or othar place) 20a. Mathod of Disposition 20c. Location - City or Town, Stete XXBurial 2 ☐ Crametion 3 ☐ Removal from Stata 4 ☐ Donetion 5 ☐ Other (Specify) Resurrection Cemetery 6/21/97 Clinton, Md. 22. Name end Addrass of Facility Lee Funeral Home 21. Signature of Funaral Sarvice Licansee 6633 Old Alexander Ferry Rd. Clinton, Md. 20735 ac 23a. Pert1. Entar tha disaase, or complications that caused the death. Do not entar the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on sech line. Approximata Intarval Between Onsat and Death **Physician** /Medical Immediata Causa (Finel disaesa or condition rasulting in death) Examiner Dua to (or as a consequence of) I or Attanding Physician: The law requires that the death certificate be executed after death.

Director: After this certificate hes been signed by the attending physician and in by the funeat director, page 2 should be detached for use as the burlet-transit of in by the Attendant director, page 2 should be detached for use as the burlet-transit Sequentially list conditions, if any, leading to immadiate causa. Enter Underlying Causa (Disaase or Injury that Initiated avants resulting in death) Last Dua to (or as e consequence of) Box 68760, Physician/Medical Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Part I. Division of Vital Records, P.O. 23b. Did tobacco usa contributa to the cause of death? 1 Yes 2 No 3 Probably 4 Nonknown Completed by 24b. Wara autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performad? 1 Yes 212 No Be 25. Was case referred to medica 26. Placa of Daath (Check only ona) Othar: 4 Nursing Homa 5 Assidance 6 Othar (Specify) 2 1 Yas 2 No 1 ☐ Inpatiant 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Death Data of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred Pending investigation 1 Yas 2 No 2 Accidan 3 Suicida 6 Could not be 28a. Place of Injury - At homa, farm, straat, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide To the Hospital of within 24 hours at To the Funeral D completely filled it edicai 29a, Certifier ortifying Phyalcian: To tha bast of my knowledga, daath occurred at tha time, date and placa, and dua to tha causa(s) and manner as steted. (Check only one) edical Examinar: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner stated. 29b. Signature and ti 29c. License number 29d. Dete signed (Month, Day, Year) 06-20-97 MD42853

State Registrar 30. Nama and address of a

VINCENT

31. Date filed (Month, Dey, Your)

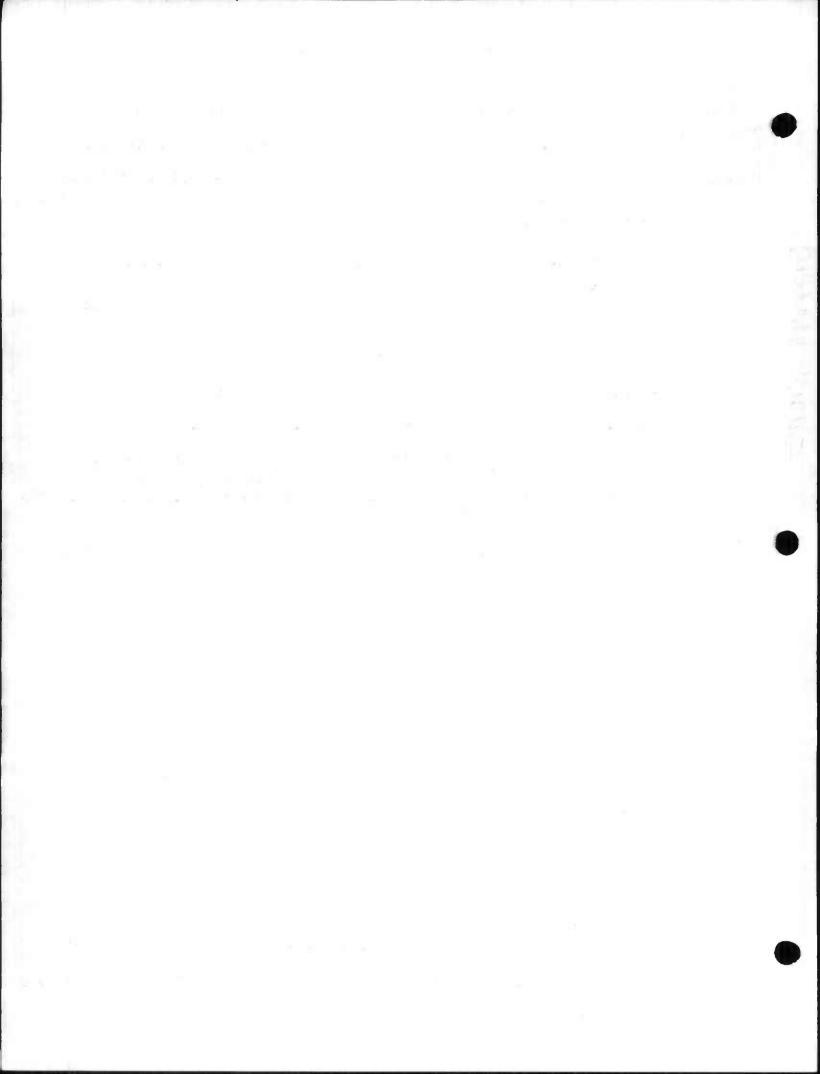
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Julia Daudson Randall

F. SAYAN

Hooo Mitchellin 11 = Rd, Bowie md 20716



State of Maryland / Department of Health and Mental Hygiene 97 20240

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		30. Nama and addrass of person who	completed causa of death (I	tem 23a) (Type,				1		
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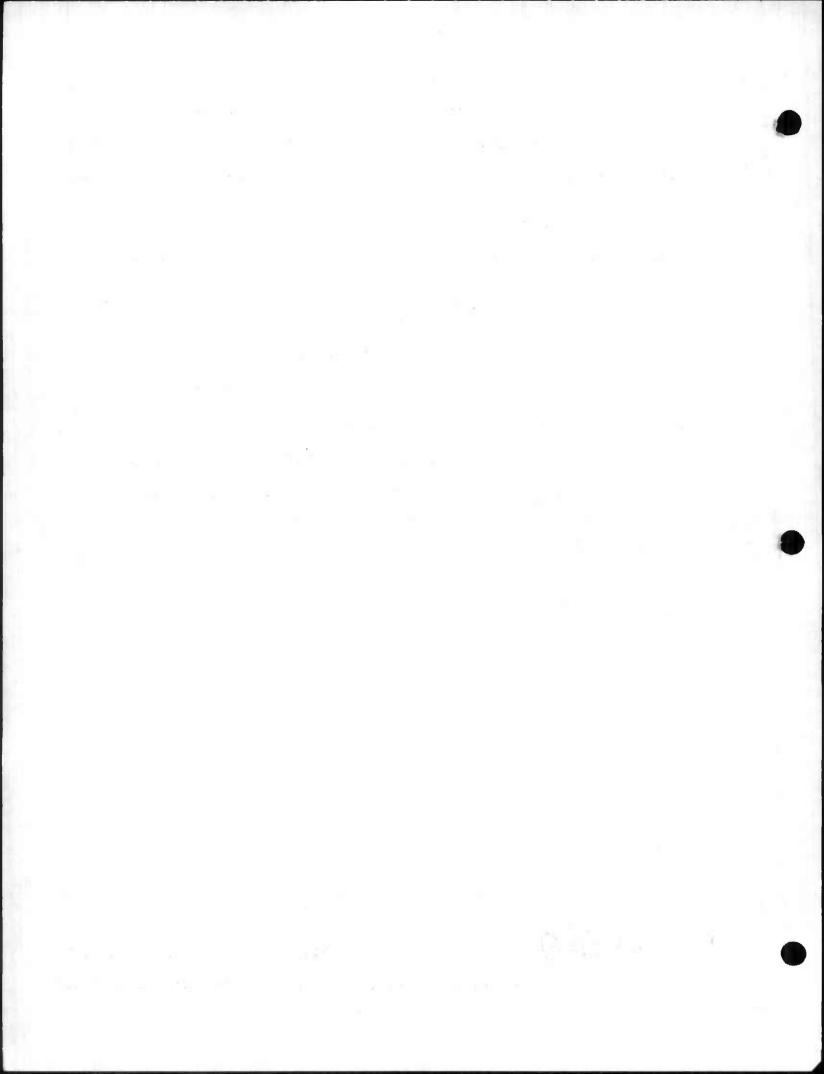
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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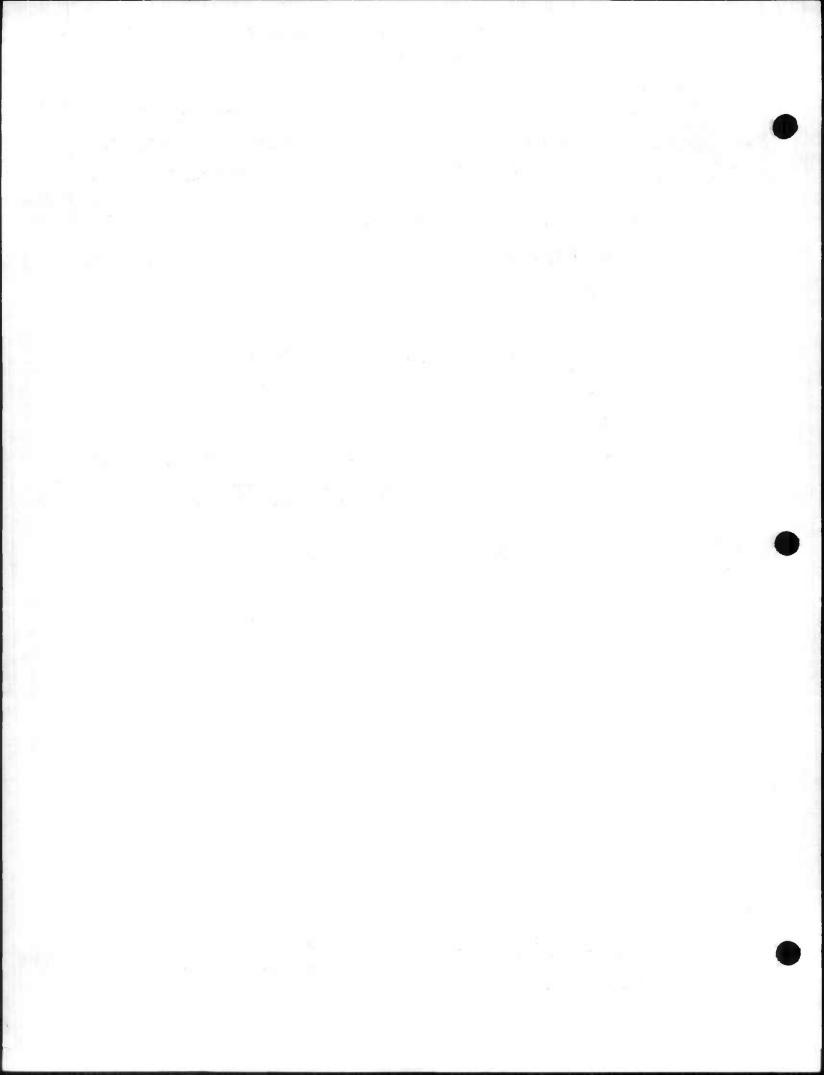
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	-				Due to (	or es e consequ	uence of):								
	를		-	b. HIV	Disea	se							3	Year	S
	Examiner	Sequentially list co	nditions,		Due to (	or es e consequ	uence of):								
		Sequentially list co if eny, leeding to in ceuse. Enter Unde Ceuse (Diseese or	erlying												
1	C	thet initieted events resulting in deeth)		0.	Due to (	or es a consequ	uence of):								
Medio	n/Medical			d											
0	clan			U											
9	Physicia	Pert II. Other signif	Icent conditions	contributing to de	eath but not res	sulting in the un	nderlying o	euse give	n in Pert I.	23b. D	id tobacco	use con	tribute to	the cause	of de
	by Pr									1	☐ Yes 2	⊠ No	3 Prob	ably 4	Unkr
										24e W	es en euto	nev	24b. Wei	re eutopsy	indin
10	ete	,									normed?	, ,	ava	leble prior	0
1	Completed												of d	eeth?	
3	3									1 [	☐ Yes 2	⊠ No	1 🗆	Yes 2□	No
α	Be	25. Wes cese refer exeminer?	red to medical							Deeth (Check on	ly one)				
F	2	1 ☐ Yes 2 ☒	No	Hospitel: 1 □ I	npatient 2	ER/Outpetlent	3 D DC	Othe Othe	r: 4 🖾 Nursir	ng Home 5□ Re	esidence	6 □Othe	r (Specify)	)	
		27. Menner of Deetl		28a. Dete	of Injury th, Day Year)	28b. Time of Injury	2	8c. Injury Work	at 2	28d. Describ	e how inju	ry occurre	d		
100	atic	1 ☑ Neturel 2 ☐ Accident	5 Pending investigation		,,,	Highly	М		es 2□No						
181	Certification:	3 ☐ Suicide 4 ☐ Homloide	6 Could not b	206. PIECE	of injury - At h	ome, farm, stre	et, fectory	, office		28f. Location	(Street er	nd Numbe	r or Rural	Route Nun	ber,
Ta	e	4 LI Homicide		buildii	ng, etc. (Speci	ry)				City or	Town, Stete	9)			
		29a. Certifier	1 Cartifying Ph	velcian: To the	hest of my kno	owledge deeth	occurred	et the time	e dete end of	lece and due to th	an courale	) and man	nor ee ete	tod	
	0	(Check only one)	2 Medical Exam	niner: On the ba	isis of examine	etion end/or inve	estigation	in my op	Inion, deeth o	ccurred et the tim	e, dete en	d place, a	nd due to	the ceuse(	)
	as I	29b. Signeture end	title of contiller	ond mem	101 310100.		200	. License	number		29d Do	to sinned	(Month, D	lev Veerl	
Medical	-			$\sim$			200				250. 00	TO SIBILEO	(mornii, D	J, 1001)	
Medical	-	250. Signatura and	ULWAN 1												
Medical	-	D A	motion	-)				D37	891			June	16.	1997	
Medical	2	30. Neme end eddre	ess of person who	completed ceus	e of deeth (Iter	m 23e) (Type, P	Print)	D37	891			June	16,	1997	
polical	2	· A	ess of person who							ckville					42



State of Maryland / Department of Health and Mental Hygiene 97

97 2024:

								Cen	tificate of	Death	7		Reg. No.			
			1. Decedent's Neme (First, Mid	dla, Last)								2. Date of De		1.000	3. Tir	me of Death
	Physic		Evelyn	C	arol			Jor	nes			June 1	5, T99	7 Yeer	5:	00 AM
	/Medi		4a. Facility Name (If not institute	on, give s	street and nu	ımber)				4b. City, To	own, or L	ocation of Deet	- i	unty of Death		
	Exami	ier		-												
_			14715 Wexhall 5. Social Security Number	6. Sex		7 A=0 (l=	um faat b	inth along the	If Under 1 Yea		24 Hrs.	ille		tgomer		
	Funeral				м <u>ж</u> уг		yrs. last bi	Yrs.	Months Day		Min.	8. Dete of Bir (Month, Da		Co	untry)	tate or Foraign
	Director		546-76-9827		-//	50	J	113.				March 1:	3, 194	7	Ohio	)
3			Usual Residence of Decedent  10a. State 10b. Coun	lv .		100	c. City, Tov	vn or Loc	ation						40d Incl	Ido City I Imite
1	ehow det	-		•		100										Ide City Limits
	28a-f eho	ct	Maryland Mont	gome	ry		Burto	onsv	ille						- '-	Yes 2 No
1	20 2	Director	10e. Street and Number						10f. Zip Code				10g. Citizen	of What Co	untry?	
	238		14715 Wexhall	Ter	race				2086	5			Unite	ed Sta	tes	
1	Hems Hems	Funeral	11. Marital Status	1	12. Was Dec	edent Ever	in U,S.	13. W	as Decedent of	Hispanic Or	igin? (Sp	ecify Yes or No		Race - Amer		an,
0	or the		1 Never Married 2 Ma	rried	1 Tyes	2 No.			Yes, specify Cu			Hican, etc.)		Bleck, White	e, etc.	
05		by	3 ☐ Widowed 4 ☐ Divorce		If Yes, G Year or D			11	☐ Yes 2 N	o Specify	:		Spe	ecify: B1	ack	
9	natural.	Completed	15. Decede	ent's Educ	ation		168	. Decede	ent's Usual Occ	upation			16b. Kind d	of Business/I		
215	L L	ple	(Specify only high					(Giva k life. Di	ent's Usual Occ ind of work don O NOT usa ratii	a during mo: red)	st of work	ring				
77	r than	E	Elementary/Secondary (0-12)		College (	(1-4or 5+)	Sne	ocia.	1 Educa	tion I	oach	0.00	Dubl.	ic Sch	2.500	
D	al Hygiene. I other than "n	Ŭ	17. Fether's Neme (First, Middle	, Last)			J.	ECIA	Lauca			e (First, Middle			0013	
an	marked of	Be C														
2	marke umaric	2	Leo C. Gwir								rgie					
			19a. Informant's Name/Relation		oe, Pnnt)				Address (Stre	et and Numb	er or Rur	al Houta Numb	er, City or To	wn, Stata, Z	ip Coda)	
0	m 27		Herman Jones						as 10		-					
0	or of H		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation	3 □ □	emoval from	State 2	0b. Place o cemata	of Disposi <i>ry, cr</i> ama	ition (Nama of atory or other p	(ace)		Dete	20c. Locati	on - City or 1	Town, Sta	ite
E	int: I		4 □ Donation 5 □ Other (		SILIOVAL IIOILI		olumb	ia M	Memoria 1	Park	6	-18-97	Co1 umb	oia. M	arvl	and
altimore,	Department of Health Important: If item 27 is eny injury or other tra		21. Signature of Funeral Service	a License	Θ /	7										
m a	Depa Impo eny i		Ille.	1	1 K	ano		Ra	pp Fune	ral Se	rvic	ces, P.	١.	Managa	204	20010
	_	H	220 Posts Enter the disease	~	antinen that	00	J D-		3 Gist		-			Mary	_	
			23a. Pert1. Enter the disease, a shock, or heart failure. List	st only on	e cause on	each line.	death. Do	not enter	r the mode or d	ring, such as	cardiac	or respiratory a	rrest,		Interva	ximete al Between
	hysician				A.				2					1	Onset	and Death
	/Medical xaminer		Immediate Cause (Final disease or condition		M	leta.	stat	ic	Brea	15+	Ca	ucen		i	~2	1/2 4 4 5
1	.Xuiiiiiiiii	_	resulting in death)				to (or as a		ence of):							
7		ne l														
di di	rans	Examiner	Sequentially list conditions.			Due	to (or as a	consequ	ence of):							
0	an a injek		Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	J												
x 68760,	physician and s the buriel-transit	/Medical	that initiated events	C.	-	Due	to (or es a	consequ	ence of):							
89	d b	Pe	resulting In deeth) Last				(									
		3		d.												
B. Be		Physician														
0	ed by the atte	ys	Pert II. Other significant condit	ions cont	ributing to d	eath but no	t resulting I	n the und	derlying cause of	iven in Pert	1.		1			use of death?
O. 5	d by		Noh	2								1 🗆	Yes 2 N	lo 3 Pr	obably	4 Unknown
ords, P.O	P 80	by														
Orc	peen s	Completed										24a. Was	an autopsy	6	vailable p	opsy findings prior to
ecconomic and a seconomic and	33 W	pie										,		C	ompletion f death?	n of cause
H H	e hes age 2	E										10	Yes 2 N	0 1	Yes	2 No
<u>a</u>	certificate rector, pag		25. Was case referred to medic	ol.						00 01	4.5					20140
Z	cert	Be C	examiner?		ospital:				.=0	46		h (Check only o				
O A	this raidi	.T	1 Yes 27 No  27. Manger of Death		1 🗆		2 ERVO	tpatient Time of	3LI DOA	4 LJ N		me 5 AResi			ify)	
Division of Vital Records,	After	Certification:	1 ☑Natural 5 ☐ Pend		(Mon	of Injury eth, Day Yes	ir) 200.	Injury	28c. Inj W			28d. Describe	now injury oc	curred		
Sic	efter death. Director: A I in by the fu	cat	2 Accident inves 3 Suicide 6 Could	tigation						Yes 2	No					
DIVI PAPA	lrect n by	틭	4 Homicide	mined	28e. Place build	of Injury ing, etc. (Sp	At home, fa pecify)	arm, stree	et, factory, office			28f. Location (. City or To		ımber or Ru	ral Route	Number,
	led Del	Ce														
loso	hou in fill	Ca	29a. Certifier 1 Certifyi	ng Phyal	cian: To the	best of my	knowledge	e, death o	occurred at the	time, date er	nd plece,	end due to the	cause(s) and	manner as	stated.	
To the Hospital	within 24 hours efter death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page	edicai	one) 2 Medica	- Examin	and man	asis of exar iner stated.	innation an	wor inve	stigation, in my	opinion, dea	ath occur	rea et the time,	date end pla	e, and due	to the cal	J26(S)
0	ro th	Σ	29b. Signature and title of certifi	er	/				29c. Licer	nse number			29d. Date si	gned (Month	, Day, Ye	er)
	0		1/2	11	1	P 44	*		Md	715	552	2	June 1	6 10	97	
	D	-	the man	CX	(Interpret	1 100	. 9	-		'				0, 13	J 1	
			30. Name and address of person			/_	(Item 23a)	(Type, P				cut Ave				
			Howard Sa	iont	z, M.	D.	and result		Kens	ington	, Ma	ryland	20895	)		
	Sta	te	31. Date filed (Month, Day, Yea	117	1997	legistra s	ignature.	Jame 9	Darles .							
	Registr	ar		-	.001	1			A SHARES							



State of Maryland / Department of Health and Mental Hygiene 20244 Certificate of Death 1. Decedant's Nama (First, Middle Last) 2. Data of Death 3. Time f th Day Physician Month Lulabelle 10, 1997 June 3:00 A.M. Jones /Medical 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Bowie Prince George's 12101 Whiston Court If Undar 1 Yaar If Undar 24 Hrs. 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** Days Hours 1 □ M 252 05 4261 Yrs Director 87 Jan. 13 1910 Texas Usual Rasidance of Decedant the Maryland 10a Stata 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f show treumstic event, the Medical Examinet must be notified at XXX Yas 2 No Director Maryland Prince George's 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? death with 12101 Whiston Court 20715 United States Funeral Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxicen, Puarto Rican, atc.) 12. Was Decedant Evar in U,S. Armed Forcas? 14. Race - Amarican Indian, Black, Whita, atc. permit. Pages 1 and 2 should be filed within 72 hours aftar of Department of Health and Mental Hygiena. Important: If item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Experiment 1 ☐ Yas 2 X No If Yas, Giva Yaar or Datas: 1 □ Navar Married 2 □ Married Baltimore, Maryland 21215-0020 1 ☐ Yas 🛣 No Specify: þ Specify: 3 ₩idowed 4 Divorced White Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) 12 Secretary Auto Parts 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) Fred Cox Garvin 2 Mattie Ashton 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 19a. Informant's Name/Ralationship (Type, Print) Evelyn Nunes Daughter 12101 Whiston Court Bowie Maryland 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata 1 ☐ Burial 2 ☐ Cramation 3 ☐ Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Spacify) Chapel Hill Cemetery 6/16/97 Orlando Florida 22. Nama and Addrass of Facility Robert E. Evans Funeral Home, Inc. 16000 Annapolis Rd. Bowie Maryland 20715 23a. Part1. Entar tha disaasa, of complications that coused tha death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one could be an each line. Approximata Interval Batween Onsat and Daath **Physician** /Medical Immediata Causa (Final ment disaasa or condition rasulting In daath) Examiner Dua to (or as a consequance of): Examiner steo DO 00 31 5 physician and the burial-transit Sequantially list conditions, if any, laading to immadiata ceusa. Entar UndarlyIng Cause (Disaasa or Injury that initiated avants rasulting In daath) Last Dua to (or as a consequence of): Division of Vital Records, P.O. Box 68760, achoria Physician/Medical Dua to (or as a consequence of): attanding f been signed by the a should be datached f Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings available prior to 24a. Was an autopsy performed? Completed complation of causa of daath? has certificata 1 Yas 2 No 1 ☐ Yas 2 ☐ No after death.

Director: After this certifica funeral director, Be 25. Was cesa rafarrad to medical axaminar? 26. Placa of Death (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Aasidance 6 Othar (Specify) 1 Yas 2 S-No Certification: To 1 Inpatiant 2 ER/Outpatient 3 DOA 28a. Data of Injury (Month, Day Year) 27. Mangar of Death 28b. Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? 1 Matural 5 Panding Invastigation 1 ☐ Yas 2 ☐ No 2 Accidant 6 Could not be dataminad 3 Sulcida 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) Place of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 I Homicida To the Hospital within 24 hours a To the Funeral D Hospital 24 hours a 1) Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifian Medical (Check only one) 29b. Signatura and fitla of certifiar 29c. Licansa number 29d. Data signed (Month, Day, Year) 30. Nama and addrass of person who complated cer se-of daath (Itam 23a) (Type, Print) Schulk Gambrill mod 2/054 to word K 438 De Kense Hy 30 31. Data filed (Month, Day, Year) 32: Registrar's Signature State JUN 17 Registrar

**DHMH 16 Rev 6/95** 

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State of Maryland / Department of Health and Mental Hygiene 97 2021, 5

						Certificate o	f Death		Reg. No.	60640
	Dhusia	!	1. Decedent's Name (First, Middle, Las	)				2. Date of De Month	ath Day Ye	3. Time of Death
	Physic /Medi		Helen MIRIAM	Klo	usia			June	10 1997	
	Exami		4a. Facility Nama (If not institution, giva				4b. City, Town, or Lo	cation of Death	4c. County of D	eath
			Genesis Elder	are - Th	e Pin	es	Eastor	1	Talk	oot
	Funeral Director	P			(In yrs. last bir 9	thday) If Under 1 Ya Months Day	s Hours Min.	(Month, Da	5, 1917	Birthplace (State or Foreign Country) IOWA
	pue *		Usual Residence of Decedent  10a. State 10b. County		10c. City, Tow	n or Location				10d. Insida City Limits
	Be-f sho	Director	IOWA FRANKI		**	MPTON	ş. <u> </u>			1 ☐ Yas 2XXIo
	eth with the 23a or 2		1766 165TH STR	EET		10f. Zip Code	50441		10g. Citizen of What	Country?
020	172 hours efter deeth with the Maryland "natural", or frems 28a or 28a-f show posts! Examiner must be notified at	by Funeral	11. Marital Status  1 Never Married MMarriad  3 Widowed 4 Divorced	12. Was Decedent E Armed Forces? 1 ☐ Yes 2 ☒ No If Yas, Give Year or Dates:		13. Was Decedent of If Yes, specify Co	f Hispanic Origin? (Spe uban, Maxican, Puerto I lo <i>Specify:</i>	cify Yes or No Rican, etc.)	14. Race - A Black, W Specify:	merican Indian, /hite, atc. WHITE
5-0	72 h	Completed	15. Decedant's Edu (Specify only highest grad	ication	16a.	Decedent's Usual Occ	cupation ne during most of working	10	16b. Kind of Busine	,
21	within ene.	햩	Elementary/Secondary (0-12)	College (1-4or 5+	)	life. DO NOT use reti	ired)	.9	ELEMENTA	
2	filed w Hygier ther th	ပို	12	5+	T	EACHER	1		EDUCATIO	N
Maryland 21215-0020	d 2 should be filed withir h and Mental Hygiene. 7 is marked other than traumatic event, the M	To Be	17. Father's Neme (First, Middle, Last) THOR	HEGLAN	D		18. Mothar's Nema		Meiden Sumame) HAUGE	
			19e. informant's Neme/Reletionship (7) JOHN W. KLOUSI		D 19b	n. Mailing Address <i>(Stre</i>	et and Number or Rura ST., HAN	Route Number	er, City or Town, Stet IOWA 50	e, Zip Code) ) 4 4 1
altimore,	permit. Pages 1 and Department of Healt Important: If Item 2: any Injury or other once.		20a. Method of Disposition  1 □ Burial 2 ☒ Cremation 3 □ F  4 □ Donation 5 □ Other (Specify)		CHESA:	f Disposition (Name of ry, crematory or other p PEAKE CRE	MATION 6	Data 5-12	20c. Location - City CHESTER,	
Balti	permit. Departm importar any inju		21. Signature of Funaral Sarvice Licens		CENTE	R L L C '22. Name and Add FELLOWS,	fress of Facility			TUNERAL HOM
	_		インサル 子.	MERCE	RON	200 6 1	ADDICON C	ET E	A STON N	1D 21601
	Physician		23a. Pert1. Enter the diseasa, or comp shock, or heart failure. List only o	0			ying, such as cardiac o	r respiratory a	rrest,	Approximate Interval Between Onset and Death
ſ	/Medical Examiner		immediate Ceuse (Final disease or condition resulting in deeth)	// N	(wmo,	in				3 days
		<u></u>	Transition of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the		ue to (or as e	consequence of):				
	xecuted n and el-transit	Examiner	Sequentially list conditions, if any, leading to immediate	b	ue to (or as a	consequence of):				
68760,	certificeta be executed nding physicien and use es the buriel-transit	Wedical E	cause. Enter Underlying Cause (Disease or Injury thet initiated events resulting in death) Last	D	ua to (or as a	consequence of):				
Box (	tte the	Physician/M		d,						
P. 0.	0 0 0	ysic	Part II. Other significant conditions con	ntributing to death but	not resulting in	the underlying cause	given in Part I.	23b. Dld 1	tobacco use contrib	ute to the cause of death?
	het the							10	Yes 20 No 3	Probably 4 Unknow
Records,	The law requiras thet tha ste has been signed by the page 2 should be deteched.	Completed by							an autopsy 24	b. Were autopsy findings available prior to completion of cause
Rec	e faw has b	mpi								of death?
			05.144					101	Yes 2 No	1 ☐ Yes 2 ☐ No
5	certif	Be C	25. Was case referred to medical examinar?	fospital:			26. Place of Deeth			
ō	Phys this ral di	- To	1 Yes 2 No	1 L Inpatiani		tpatient 3LI DOA	4 Whitesing Hon		dance 6 Other (5	Specify)
Division of Vital	Attending Physician: r death. ector: After this certific by the funeral director,	Certification:	1 Natural 5 Pending 2 Accident investigation 3 Sulcida 6 Could not be	28a. Dete of injury (Month, Day	Year)	njury W	☐ Yes 2 ☐ No			
N N	is efter of all Direct ed in by	Certifi	4 Homicide determined	28e. Place of Injury building, etc.	y - At home, fa (Specify)	rm, street, fectory, offic	ee 2	8f. Location (S City or Tox		Rural Route Number,
	To the Mespital or Attending Ph within 24 hours efter death. To the Funeral Director: After th completely filled in by the funeral	edical	29a. Certifier (Check only one) 1 Certifying Physical Examination (Check only one) 1 Medical Examination (Check only one)	sician: To the best of ner: On the basis of e and manner state	xamination and	, death occurred at the d/or investigation, in my	time, date and placa, a polnion, death occurre	nd due to the	cause(s) end menner date and place, and d	as stated. due to the cause(s)
	To the To the Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex Complex	M	29b. Signature and titla of certifier	7/1	/_		nsa number		29d. Date signed (Mo	onth, Day, Year)
			30. Name and address of person who co	impleted cause of dee	eth (Item 23a) (	(Type, Print)	31466 mes lan		1/1/1	/
		•	31. Dete filed Month, Day, Year)	32. Registrar	s Signature	606 DUTCH	mes lan	t En	M LOTIN	12/60)
	Sta Registr	_	11111/	1997	ia Vavido	on-Bindell				

DHMH 16 Ray 6/95

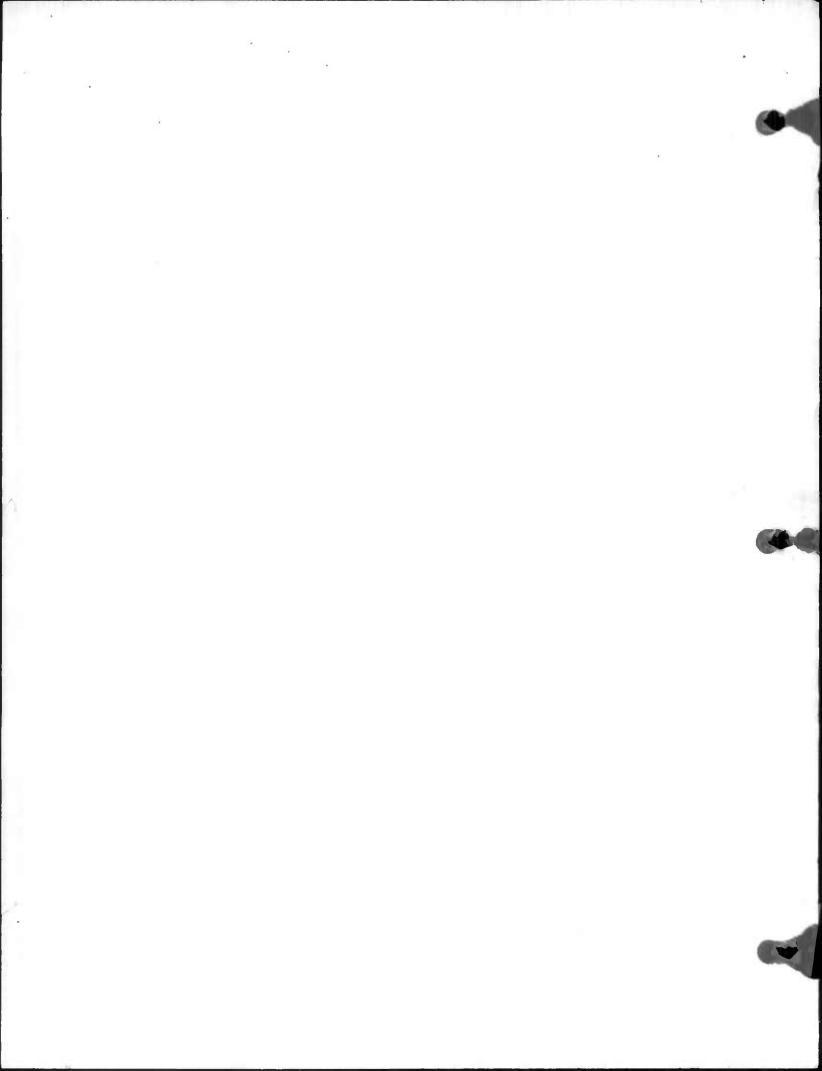
In hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 yn, or removal.	he medical examiner must be notified at once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

6

31. DATE FILED (MOTEN PRO TO 1997

32. REGISTRAR'S DIGNATURE
JUNA WANTEDON-Randall

	FOR STATE REGISTRAR	STATE OF I		D / DEPAI CERTIF					MENTA	L HYGIEN		•	
	1. DECEOENT'S NAME (First, Middle, Lest)	AR							2. DATE MONT JUN	E OF DEATH		VEAD	3. TIME OF DEATN 3:30 A.M. M
	4. SOCIAL SECURITY NUMBER 235-32-4023	5. SEX 1 M 2 XF	6. AGE (In yrs	: last birthday) YRS.	IF UNDE	DAYS	HOURS	MIN.		of BIRTH 1 th, Day, Year)			LACE (State or Foreign
	9e. FACILITY NAME (If not inetitution, give s	treet end number)			9b. CITY	, TOWN C	OR LOCATI	ON OF DE			_	NTY OF OE	
DIRECTOR	CARRIAGE HILL		DA		В	ETH:	ESDA	Δ			MO	NTGO	MERY
DIRE	D.C. 100. COUNTY	1			HING			•				1	10d. INSIDE CITY LIMITS? 1 X YES 2 NO
A	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CIT	IZEN OF WI	1AT COUNTRY?
E	4801 CONNECTICUT	AVE., NW	# 205			2	0008				USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN		V NO		WAS OEC	ENDENT	m, Mexica	in, Pue∏o	N? (Specify Yee Rican, etc.)		14. RACE Black, Specify	- American Indian, White, etc.
	15. DECEOENT'S EDU	CATION	160	. DECEDENT'S	IISHAL O	CCUPATIO	DM .		140	b. KIND OF BUS	DINIE 00 (IN)	DIA TOU	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done se retired.)	during mo	st of worki	ng				DUŞTRI	
ME	17, FATHER'S NAME (First, Middle, Last)	JT	E	DUCATO	K					DUCATI			
	PEARLY FORREST KE	TTAD								Middle, Melden	Surname)		
BE	190. INFORMANT'S NAME (Type/Print)	LLAR							EVA				
임	WAYNE KELLAR									aber, City or Town		D Code)	
	20a. METNOD OF DISPOSITION		200 01 0	CE AND DATE				SEA		AR 72			
Į.	1 Donation 6 Other (Specify)		MOU	NT CON	FORT	CRE	EMATO	RY 6	/20/9	97 ALEX	ANDR	IA, V	7A
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY JOSEPH GAWLER'S SONS INC.  5130 WI AVE. NW WASHINGTON, D.C. 20016  23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximeta												
	23. PART I. Enter the diseased, or cahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications the List only one cas	use on each	deeth. Do				Ing, auc	h aa cen	diac or reapi	ratory an	reet,	Approximeta interval Between Onset and Death 12 WEEKS
	resulting in death)	OUE TO	(OR AS A CON	ISEOUENCE O	F):								12 WEEKS
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CON	ISEOUENCE O	F):	-						_	
CERTIFICATION	CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO	(OR AS A CON	ISEQUENCE O	F):			,					
끙													
MEDICAL	PART II. Other algorificant condition	a contributing to	death but n	ot resulting	in the ur	nderlying	g ceuse (	given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO
	DID TOBACCO USE CONTI	RIBUTE TO CA	USE OF D	EATH YI	ES 🔲 I	NO [	UNC	ERTAIN	N D				
HYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 X NO	HOSPITAL:		LACE OF DEA	OTHE	₹:							
Ϋ́	27. MANNER OF GEATN	26e. DATE OF		26b, TIN		sing Nom 28c, JNJ		sidence		SCRIBE HOW II	M III III OO	CUREO	
ву Рі	1 Netural 5 Pending 2 Accident Investigation	(Month, E	Pay, Year)	IN.	JURY M	WO	RK?	] NO	200. DE:	SCHIBE HOW II	NJURY OC	COHED	
E	3 Suicide 6 Could not be determined	26e. PLACE C building,	F INJURY — A atc. (Specify)	t home, ferm,	street, fac	ory, office			281. LOC City	Or Town, State)	and Number	r or Rural Ao	ute Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINE												end manner ee stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIER			A			29c. LICI	ENSE NUN	MBER		29d, DAT	E SIGNED (	Month, Day, Year)
TO BI	30. NAME AND ADDRESS OF PERSON WHO		Kur	Kens	7		1938	D.C	)			/16/9	
		M.D. 2				N.W.	W	ashi	noto	n. D.C	2	0008_	2621



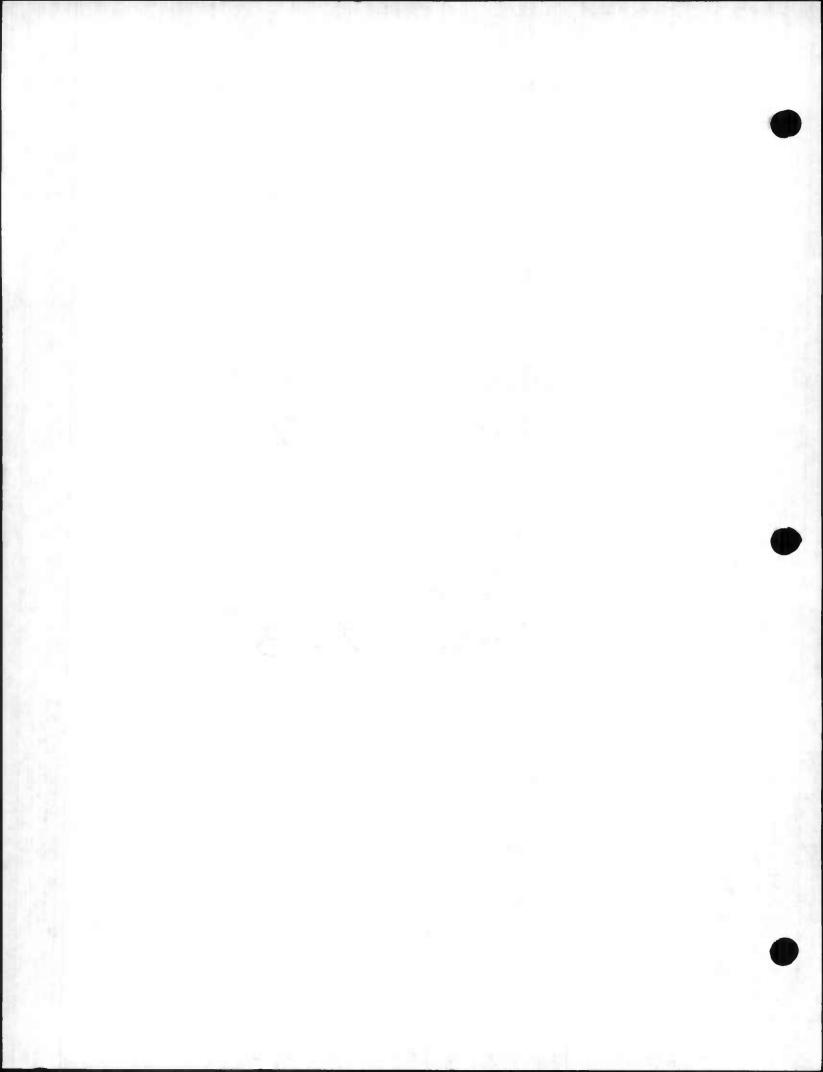
CERTIFICATE #

97-20247

SEE

CERTIFICATE M

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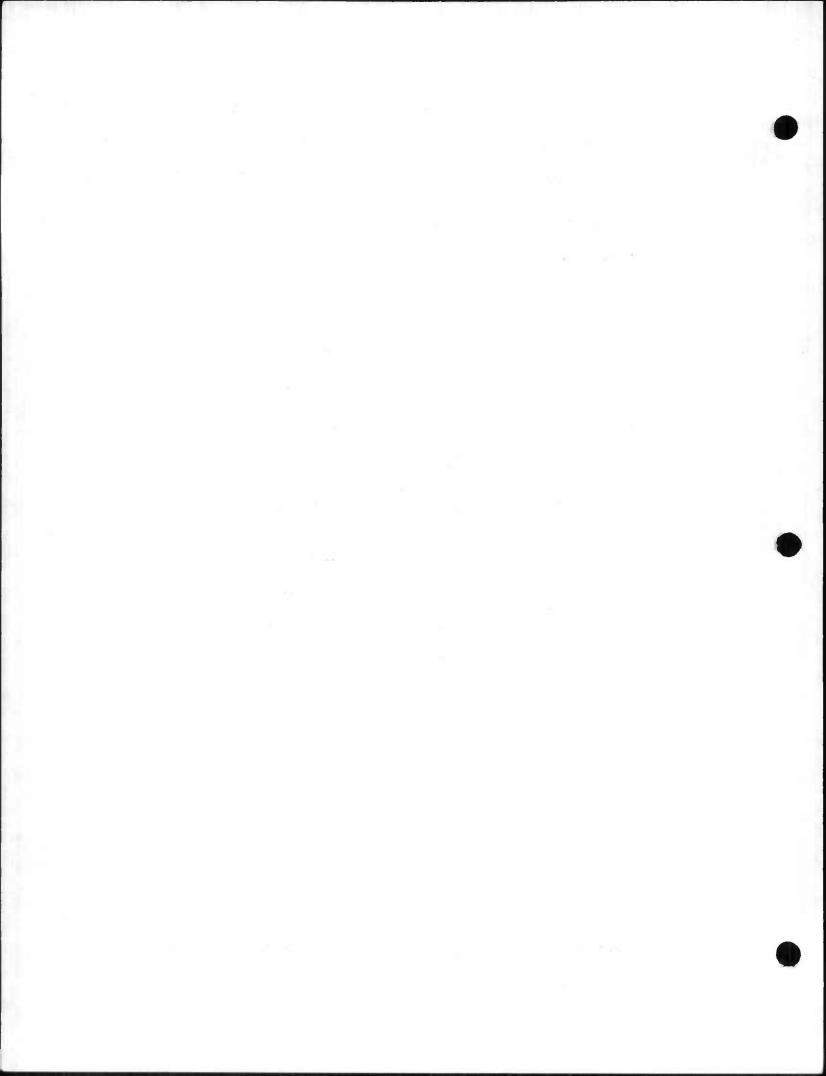


State of Maryland / Department of Health and Mental Hygiene 97 20248

						Cer	tificate of	Death		Reg. No.		
	Discorts		1. Decedent's Nama (First, Midd	lle, Last)					2. Deta of D	eath	Van	3. Tima of Death
	Physic /Medi			Kathryn	R. Kir	nq			June	19,	997 Yaer	6:25 PM
	Exami		4a. Facility Nama (If not institution					4b. City, Town, or	Location of Dea	th 4c.	County of Death	
			Warm Care Gro	up Home			torono constanto	Potoma		M	ontgome	ry
	Funeral Director		5. Social Security Number 209-10-8990 Usual Rasidence of Decedant	6. Sex 1 □ M 20X F	7. Aga (In yrs. Ia 92	ast birthday) Yrs.	ff Under 1 Year Months Days		8. Data of B (Month, D April 1	irth ay, <i>Year)</i> 2, 19	9. Birth Cou I t	nplaca (Stata or Foreign unity) a l y
	Band W		10a. State 10b. County	,	10c. City	, Town or Loc	ation	·				10d. Inside City Limits
	with the Maryland a or 28a-f show Lbe notified at	to	Maryland Mon	tgomery	Kei	nsingto	าท					1 Yas 2 No
	7.284 LDSE	Director	10e. Street and Number	egomer y	INCI	no ring co	10f. Zip Coda			10g. Citi	zan of What Cou	untry?
	the car		9806 Connecti	cut Avenue			2089	95		Uni	ted Sta	tes
	hours after death with the Marylar ural', or Items 23s or 28e-f show at Examiner must be notified at	by Funeral	11. Marital Status  1 Navar Married 2 Mai  3 🕅 Widowed 4 Divorce	12. Was Dece Armed For 1	2 X No	If	as Decedant of	Hispanic Origin? (S ban, Maxican, Puer	pecify Yas or N o Rican, atc.)	0-	14. Race - Amar Black, Whita Specify: Whi	ican Indian, , atc.
	72 hou nature dicel E	8	15. Decade	nt's Education		16e. Deceda	ant's Usuai Occu	pation		1	nd of Business/li	
	within 7.	Completed	(Spacify only highs Eiamentery/Secondary (0-12)	st grada complated) Collega (1:	Acr E ()	(Giva k life. D	rind of work done O NOT usa ratin	during most of world)	rking			,
	d will	mo:	9	Collega (1	401 54)	Н	omemaker			0	wn Home	
	al Hy al Hy went	Be	17. Fathar's Nama (First, Middla					18. Mothar's Nar	na (First, Middle	a, Maiden	Sumame)	
	Ment Ment misse affice	Tol	Luigi Doffs	otta				Rosa	Gionta			
	20年 10年 10日 10日 10日 10日 10日 10日 10日 10日 10日 10日		19a. Informant's Name/Reletion			19b. Meiling	Address (Stree	t and Number or Ru	ıral Route Numi	ber, City o	Town, Steta, Zi	ip Coda)
	and m 27 her fr			Kenney	1		me as 1	0				
	Pages 1 sent of H int: If Ne		20a. Method of Disposition 1   Burial 2 □ Cramation	3 Ramoval from S	CO	eca of Dispos matary, cram	ition (Neme of atory or othar pla	aca)	Data	20c. Lo	cation - City or T	own, State
	Pa men tamt: lury		4 Donation 5 □ Othar (5	Spacify)		klawn	Memoria	1 Park	5-23-97	Rock	ville, I	Maryland
	epart epart npor ny in		21. Signature of Funaral Sarvice	Licansee	7		Name and Addr	ass of Facility al Servio	oc D	۸		
	00740		Cillen	W. K	pp	93	3 Gist A	venue, S	ilver Si	n. orina	. MD 20	910
	Physician /Medical Examiner	· ·	23a. Part1. Entar tha disaasa, o shock, or haart failura. Lis Immediata Cause (Finel disaasa or condition rasulting in daath)		-		- 2	dui.				Approximata Intarval Between Onsat and Daath
600000000000000000000000000000000000000	death certificete be executed e ettending physician and of for use es the buriel-transit	an/Medical Examiner	Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events rasulting in death) Last	{	Au-	as a consequence as a consequence	ence of):	ein p	acen	ahe	~	
	death	sici	Part II. Other aignificant conditi	ona contributing to de	ath but not resul	Iting in the un	darlying cause g	ivan in Part I.	23b. Did	Itobacco	uss contributs	to the cause of death?
	es that the de igned by the be detached	by Physician/			1	-			1	Yes 2	2406 3□ Pro	obably 4 Unknow
	aw requires been so 2 should	Completed								s an autop ormed?	a	Vara autopsy findings vallable prior to omplation of cause of daath?
	Dag Dag	Co							1 🗆	Yes 2	1 ONE	☐Yes 2☐NO
	icien: Th certificate rector, par	Be	25. Was casa rafarred to medica axaminer?					26. Place of Das	ath (Check only	ona)		
	Physicien: this certific ral director,	မ	1 Yas 2 No		100-0	ER/Outpatient	3LI DOA		ome 5 Ras	idanca 6	Othar (Spec	ity)
	D 9 8	Certification:	27. Menner of Death  1 Natural 5 Pendi  2 Accidant Invast  3 Suicide 6 Could	gation	, Day Year)	28b. Tima of Injury		Yas 2□No	28d. Describe	how injur	y occurred	
	tal or Attendir rs after death. al Director: Af led in by the fu	Certifi	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicida determ	nined 288. Placa	of Injury - At hor g, atc. <i>(Specify)</i>	me, ferm, stra	at, factory, offica			(Straet and own, Stata)		ral Route Number,
	To the Hospital or A within 24 hours affer To the Funeral Director Completely filled in b	edical	29a. Certifier 1 Certifyin (Check only one)	ng Physician: To tha b Examiner: On the ba and mann	sis of examinetic	/ladga, daath on and/or Inva	occurred at tha tastigation, in my	ima, data and place opinion, death occu	, and dua to the rred at tha tima	a causa(s) , data and	and manner as place, and dua	stated. to the cause(s)
	within 2	Σ	29b. Signature and titla of certific	m.	Z	2~	MD :	se numbar  D 4400	25		e 19, 19	
			30. Name end eddress of person	who completed cause	of death (Item	23a) (Type, P	rint)					
			M. Linda M. Tl					e Pike. #	103. Ro	ckvi	lle. MD	20852

DHMH 16 Rev 6/95

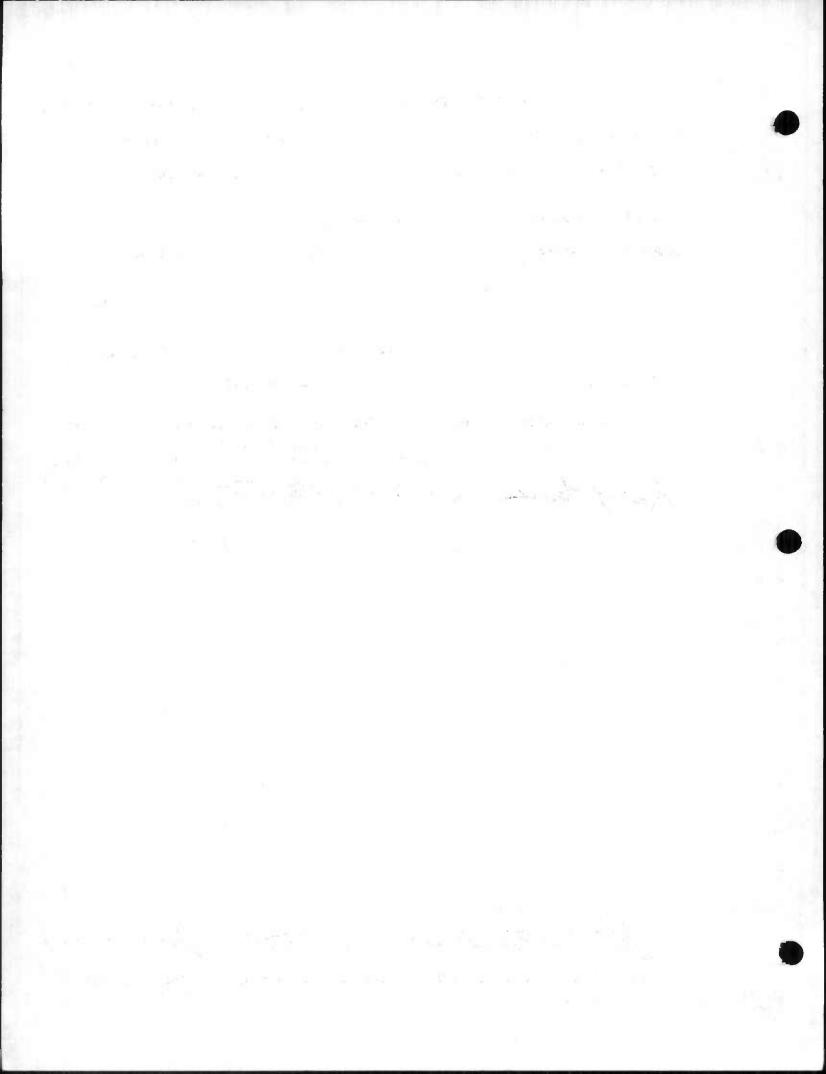
State Registrar



State of Maryland / Department of Health and Mental Hygiene 97 20249

					Ce	rtificate	of L	eath			Reg. No.			-
ician dicai	ı	. Decedent's Name (First, Middle, Las	Lidija	E. K	uplis					Date of De Month June	Day	Yaar 97		e of Death
niner		a. Facility Name (If not institution, give								tion of Deal		unty of Dea	th	
	5	Holy Cross Hospi  Social Sacurity Number 6. S		o /In ure la	nst birthday)	If Undar 1	-	ilve:	r Spr	ing . Date of Bi		ntgom		
al or			□M 2월F	95	Yrs.		Days	Hours	Min.	(Month, Di	Ay, Yaar) 4, 190	2	thplaca (Sta puntry) Latvia	te or Foreign
		0a. Stata 10b. County		10c. City,	Town or Lo	ocation							10d. Insid	a City Limits
ector	1	Maryland Montgor	nery		Silv	er Spr	ing							es 2₺No
Funeral Director		0e. Street and Number 10007 Grant Avent	ue			10f. Zip C	ode 209	10			10g. Citizen	of What Co	10.0	
by		1. Marital Status  1 □ Navar Married 2 □ Married  3 ☒ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1 ☐ Yes 2 ☑ f If Yes, Give Year or Dates:		7.	Was Daceder If Yes, specify 1 ☐ Yes 2 ☐		panic Orig , Mexican, Specify:	gln? (Specif , Puerto Ric	y Yes or No can, atc.)		Black, Whit	erican Indiar ie, etc. ite	),
eted		15. Decedent's Ed (Specify only highest grad	ucetion		16a. Dece	dent's Usual (	Occupat	ion	of working		16b. Kind	of Busineas	/Industry	
Completed		Elamentary/Secondary (0-12)	College (1-4or 5	5+)		kind of work DO NOT use lomemak		iring most	or working		Oz	wn Hon	ne	
BeC	1	7. Father's Name (First, Middle, Last)					1	8. Mothai	r's Name (F	irst, Middle	, Maldan Sui			
To	L	Janis Pommers						Mari	ija Ru	ıllis				
	1	9a. Informent's Name/Relationship (7				ng Address (S								
	2	Ligita R. Goldschm Oa. Method of Disposition  1 \( \t \t \) Burial 2 \( \t \) Cremation 3 \( \t \)		20h Die	on of Diene	7 Gran esition (Name matory or other	n/			D.4.			and 2 Town, State	0910
		4 Donation 5 Other (Specify				Memor					Rockvi	lle,	Maryl	and
DUCE	2	11. Signature of Funeral Service Licens		M0019	Ro 7	Name and A bert A 557 Wi ethesd	Address Pu	of Facility umphr nsin	ey Fu Avenu	ineral	Home	Bethe Cha	sda-Case, I	hevy nc.
111	2	23a. Part 1. Enter the disease, or comp shock, or haart allure. List only of	lications thet caused	the death.	Do not ent	erthesd erthe mode o	a, 1 of dying,	Maryl such as c	and cardiac or re	20814 espiratory a	-3501 rrest,		Approxir Interval	nata
n il	1	mmediate Cause (Finel disease or condition	<	540	nler	0_							Onset e	nd Death
r in	r	esulting in death)	a	Due to (or	as a conseq	uence of):						- 1		1
Examiner	5	sequentially list conditions.	b	Due to (or a	as a conseq	uence of):						1		
	if	sequentially list conditions, any, leading to immediete ause. Entar Undarlying ause (Disease or Injury nat Initieted events	С.											
n/Medical	re	esulting in death) Last	1	Due to (or a	is a consaq	uanca of):								
Physician	P	art II. Other significant conditions co	ntributing to death bu	it not result	ing in the ur	nderlylng caus	se niven	in Part i		23h Did	tobecco uae	contribute	to the caus	a of death?
						,					Yes 250			Unknow
Completed by	-									24a. Wes	en autopsy rmed?		Were autop: available pricompletion of of deeth?	or to
Com										10	Yes 2 N	0	1 ☐ Yes 2	No No
Be	2	5. Was case referred to medical exeminer?					2	26. Place	of Death (C	heck only o	one)			
2	-	1 ☐ Yes 25 No	lospital:		R/Outpatien		Other:	4 LI Nun			dence 6 🗆		cify)	
ation	2	7. Manner of Death  Salaturel  2 ☐ Accident  7. Manner of Death  5 ☐ Pending  Invastigation	28a. Dete of Injur (Month, Day	Year) 2	8b. Time of Injury	28c.	Injury a Work? 1 ☐ Ye	ıt es 2.⊟N		. Dascribe	how Injury oc	curred		
Certification:		3 ☐ Suicide 6 ☐ Could not be determined	28e. Pleca of Inju building, etc		e, farm, stre	eet, fectory, of	ffica		28f.	Location (S City or Tox	Street and Nu vn, State)	umber or Ru	ıral Route N	um <i>ber</i> ,
edicai Co	2	9a. Certifier (Check only one) Certifying Physical Exami	aicten: To the best of ner: On the basis of and manner stat	examinatio	edge, death n and/or inv	occurred et ti restigation, in	he time, my opin	date and	placa, end	due to the	cause(s) and date and pla	I manner es ce, end due	steted. to the caus	e(s)
Me	25	b. Signature apolitic Separtition	Anson,	AND			icense n	-	75		29d. Date sig			
	30	). Name and address of person who co	ompleted cause of de	ath (Item 2	3a) (Type, I	Print)				- 4		-		
		Jeffrey P. Indris	ano, M.D.	980	l Geor	rgia Av	ve.,	Sil	ver S	pring	, Mary	1and	20902	2

Registrar



State of Maryland / Department of Health and Mental Hygiene 97 20250

	Certificate of Death	ל	R	eg. No.		
	1. Decedent's Nama (First, Middle, Last)	2	2. Dete of Daath 3. Tima of Dee			
cian	GLADYS KINSEY		Month June	Day	Year 1997	7:20 A.1
iicai iner		own, or Loca	ation of Daath	-	y of Death	7:20 A.I
iller						
		koma ]			tgome	
1	Months Days Hours	Min.	B. Dete of Birth (Month, Dey		9. Birthpl	laca (Stete or Fore
r.	577-24-0601 1 M 2M F 88 Yrs. White Style House	1	May 11,	1909	Norf	olk, VA
	10a. State 10b. County 10c. City, Town or Location				14/	0d. Inside City Lim
5						12 Yas 2
20	District of Columbia Washington					120163 2
Director	10e. Street and Number 10f. Zip Code		1	0g. Citizan of	Whal Coun	Iry?
Funeral	4501 Brooks Street, N. E. 20019			United	nited States	
in e	11. Marital Status - 12. Was Decedent Evar in U,S. 13. Was Decedent of Hispanic Or If Yas, specify Cuban, Maxice	rigin? (Speci	ify Yas or No-		ce - Amarica	
	1 Never Merried 2 Married 1 Yes 2 No		ouri, ato.)		ick, Whita, a	atc.
by	3 ☐ Widowed 4 ☐ Divorced If Yes, Give 1 ☐ Yes 2 ☐ No Specify:	/:		Specif	by: B1.	ack
Completed	15. Decedent's Education 16a. Decedent's Usual Occupation	U		16b. Kind of B	Business/Ind	lustry
S S	(Specify only highest grada completed)  (Give kind of work done during mos life. DO NOT use retired)  (Give kind of work done during mos life. DO NOT use retired)	st of working	7			
E	12 Retired Statistic	al C1e	rk	Gov	ernme	nt
(4)			First, Middle, I			
ToB	Andrew Goodwin	11ia I	Durphy			
1	19a. Informant's Name/Reletionship ( <i>Type</i> , <i>Print</i> )  19b. Meiling Address ( <i>Street end Numb</i>			. 02	0	0.11
				,		/
	Oscar Kinsey, Jr Son 4501 Brooks Street  20a. Method of Disposition (Neme of					
	1 Substitution 3 Removal from State	1	Date	20c. Location	- City or To	wn, State
	4 □ Donation 5 □ Other (Specify) Maryland National Memorial E	Park 6/	21/97	Laure	1, MD	
	21. Signature of Funeral Service Licensee 22. Name and Addrass of Fecili					
1	STEWART FUNERAL					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	230 Fattl Enter the disease, or complications that caused the death. Do not enter the mode of dying such as	load, I	N. E., W	ashing		
	23a Fifth. Enter the disease, or complications that ceusad the death. Do not anter the mode of dying, such as shock, or heart feilure. List only one cause on each line.	s cerdiec or i	respiratory ent	551,	1	Approximate tntervei Between Onset and Death
	Immediate Causa (Final					
	disease or condition resulting in death) a. Car disflutionary Asset	est			3	ominul
1 15	disease or condition resulting in death)  a. Cardipum Arre  Due to (or as a consequence of b)  Congestive Cardiac	0	)		1	ominul kalmon
٦ڐ	congestive Cardiac	tall	ure,	and	Se	Veralmon
Examiner	Sequentially list conditions,					
	Sequentially list conditions, if any, laading to immediate ceuse. Enter Underlying Cause, (Diseasa or injury				0	ne mon
edicai	thet Initiated events resulting in deeth) Last  Dua to (or es a consequence of):					
Me						
Pa Z	d				-	
100	Part II. Other significant conditions contributing to death but not resulting in the undarlying ceuse given in Part i	1	23h Did to	hacco usa co	otribute to	the cause of deat
Physician	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				-	
P			1 1	98 2□ No	3 □ Prob	ably 4 ☑ Unkno
d by			24a. Was as	n autonou	24h Wa	re autopsy findings
Completed			perform	ned?	ava	ilable prior to
du				/	of d	eath?
ပ်			1□ Ye	s 2 No	10	Yes 2□ No
Be	25. Was cese referred to medicel 26. Place	e of Death (0	Check only on	e)		
To	examiner?  1  Yes 2 No	ursing Home	5 Reside	nce 6 DOth	er (Specify	)
	27. Menger of Deeth 28a. Data of Injury 28b. Time of 28c. Injury at		d. Describe ho			
Certification:	1 ØNetural 5 □ Pending (Month, Dey Year) Injury Work? 2 □ Accident investigation M 1 □ Yes 2 □	No				
fice	3 ☐ Suicide 6 ☐ Could not be 288 Place of Injury - At home farm street factory office	28f	28f. Location (Street and Number or Rural Route Number,			
T	4 ☐ Homicide building, etc. (Specify)		Town, State)			
	29s. Certifier 17 Certifying Physician: To the best of my knowledge deeth occurred at the time delegan					
edical	(Check only 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, dea	nd place, end ath occurred	d due to the ca at the time, da	iuse(s) and ma ite and place,	anner as sta and due to	ited. the ceuse(s)
Med	one) and manner stated.					
-	29b. Signature end title of certifier 29c. License number	_	29	9d. Date signe	d (Month, D	ey, Year)
	MKarm, MD D-1889!	5		rune	16,1	497
	30. Name and eddress of person who completed ceuse of deeth (Item 23a) (Type, Print)		2 0			
	30. Name and eddress of person who completed ceuse of deeth (Item 23a) (Type, Print)  MOBARAK KARIM, 7610 CARROLL AVE, TAKE	OMA F	ARK,	MD:	2091	2
oto	31. Date filed (Month, Dev. Year) 32. Registrer's Signeture	-1.11	, , , , ,		- 11	
ate rar						
TUI	JUN 18 1997 Juli Studiar Randall					

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State of Maryland / Department of Health and Mental Hygiene

20251

						Cel	rtificate of	Death		R	eg. No.		60601
Physicia /Medic		1. Decedent's Name (First, Middle, Last) WORTHINGTON S. KEVILLE, JR.								Month Dev Year		3. Time of Death 1040AM	
Examin		4a. Fecility Name (If not institution, give street and number) I -97					4b. City, Town, or QUARTERF					unty of Death E ARUNDEL	
Funeral Director		5. Social Security N 229 44 4	889	Sex 1⊊M 2□F	7. Age (In ye	rs. last birthday) Yrs.	If Under 1 Year Months Days			8. Date of Birth Month, Day MARCH	,1940	9. Birth PEN	nplace (State or Foreign
, nd		Usuel Residence of			40.	O1. T							
death with the Marylend ma 23a or 28a-f ahow rma 15a or 26ff ed at	ctor	MD .	ANNE AF	UNDEL	10c.	CROF?							10d. Inside City Limits 1 ☐ Yes 2 ☐ No
다 50 년 다 20 년	10	10e. Street and Nur					10f. Zip Code			1	0g. Citizen of	Whet Co.	untry?
23a c		1429	CROFTON	PARKWAY	•		21114				U.S	.A.	
_ 5 E E	by Funeral Director	11. Marital Status  1 Never Marri 3 Widowed	Armed F	orces? 2 ≧ No live	2 No specify: Specify: Specify:					ck, White			
2 ho	B		15. Decedent's	Education		16a, Deced	dent's Usual Occu	pation			16b. Kind of B	usiness/l	ndustry
21215-0020 d within 72 hours of gione. Ir than "natural", or . Ir a Mad cal Exam	Completed	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1)			(Give kind of work done during most of working life. DO NOT use retired)  Engineer			Northrup			, and a second		
Maryland 2 d 2 should be filed th end Mental Hyg 7 is marked other traumatic evant,	To Be C	17. Father's Neme (First, Middle, Last) Worthington S. Keville, Sr.				18. Mother's Neme Pauli		ne (First, Middle, Maiden Surname)					
Mary nd 2 shou lith end M 27 is mer r traumet	-	19a. Informant's Na Kathleen	A. Kevi	(Type, Print)			ng Address (Stree	t and Numbe	r or Rura	al Route Number, City or Town, State, Zip Code)			
Baltimore, Jeanit. Peges 1 er Department of Hea Important: If Heaviny or other			Cremetion 3		State G	. Place of Dispo		<u>⊬</u> y	June	Date 14, 19	20c. Location - 97 York	City or T	own, State
Baltimore, Maryland 21215-0 permit. Peges 1 end 2 should be filed within 72 ho Department of Health end Mental Hygiene. Important: If them 27 is marked other than "naturany injury or other traumatic event, the Medical society.		4 Donation 5 Dother (Schocity)  21. Signeture of Funeral Service Donate Service Donate Service Donate Service Donate Service Donate Service Donate Service Donate Service Donate Service Donate Service Donate Service Donate Service Donate Service Donate Service Donate Service Donate Service Donate Service Donate Service Donate Service Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Donate Don											
	$\dashv$	23a. Part1. Enter the shock, or hear	ne disease, or co	molications that	caused the de							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Approximete
Physician /Medical Examiner	Examiner	fmmediate Cause ( disease or condition resulting In death)		a	Due to	E INJUR	uence of):						
exec		Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying								1			
MOX D&/DU, th certificate be executed tending physicien and r use es the buriet-transit	an/Medical												
death death ed for	SCI	Part II. Other aigniff	cant conditions	contributing to d	death but not re	esulting in the ur	nderlying cause gi	ven in Part I.		23b. Did to	bacco uae co	ntribute	to the cause of death?
s that the death igned by the atter be deteched for	by Physicia									1 Yes 2 No 3 Probably 4 Unk			
Of VItal RECOIDS, P.O. Bot Physician: The law requires thet the death this certificate hes been signed by the atterral director, page 2 should be deteched for the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control	Completed									24a. Was e perform	n autopsy ned?	6	Vere autopsy findings veilable prior to ompletion of cause f death?
The fa	S									1 <b>X</b> Ye	s 2 No	1	¥Yes 2□ No
ysician: The s certificate director, pag	Be	25. Was case referr	ed to medical					26. Place	of Deeth	(Check only on	e)		
Physician: this certific	2	1 X Yes 2 □ I	No	Hospital: 1	Inpatient 2	☐ ER/Outpatien	t 3 DOA Ot	her: 4 🗆 Nur	rsing Hor	ne 5 Reside	nce 6 Hoth	er (Spec	ROADWAY
Attending Phor death.  ector: After the by the funeral		27. Manner of Death  1 Natural  2 Accident	5 Pending	(Mor	28a. Date of Injury (Month, Day Year)		28b. Time of 28c. Injury Wor		jury at 28d. Des		Describe how injury occurred  automobile acci		
LIVISION of Attending effer death. Director: After d in by the fune	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not determine	d 28e. Place build	ling, etc. (Spec	of Injury - At home, farm, street, factory, office ng, etc. (Specify)			2	28f. Location (Street end Number or Rural Route Num City or Town, Stete) I 97 Quart		Quarterfie	
	edical C								Anne Arundel, Maryland ime, date and place, end due to the cause(s) and manner as stated. opinion, deeth occurred et the time, dete and place, and due to the cause(s)				
within To th	-	29b. Signature and	title of certifier	21	Nac	lym	29c. Licens		.c.m		9d. Date signe		
(12)	-	30. Name and address					Print)	imore	, Ma	ryland 2	21201		
Stat Registra	C	31. Date filed (Monti				natures Jackson & L				,			

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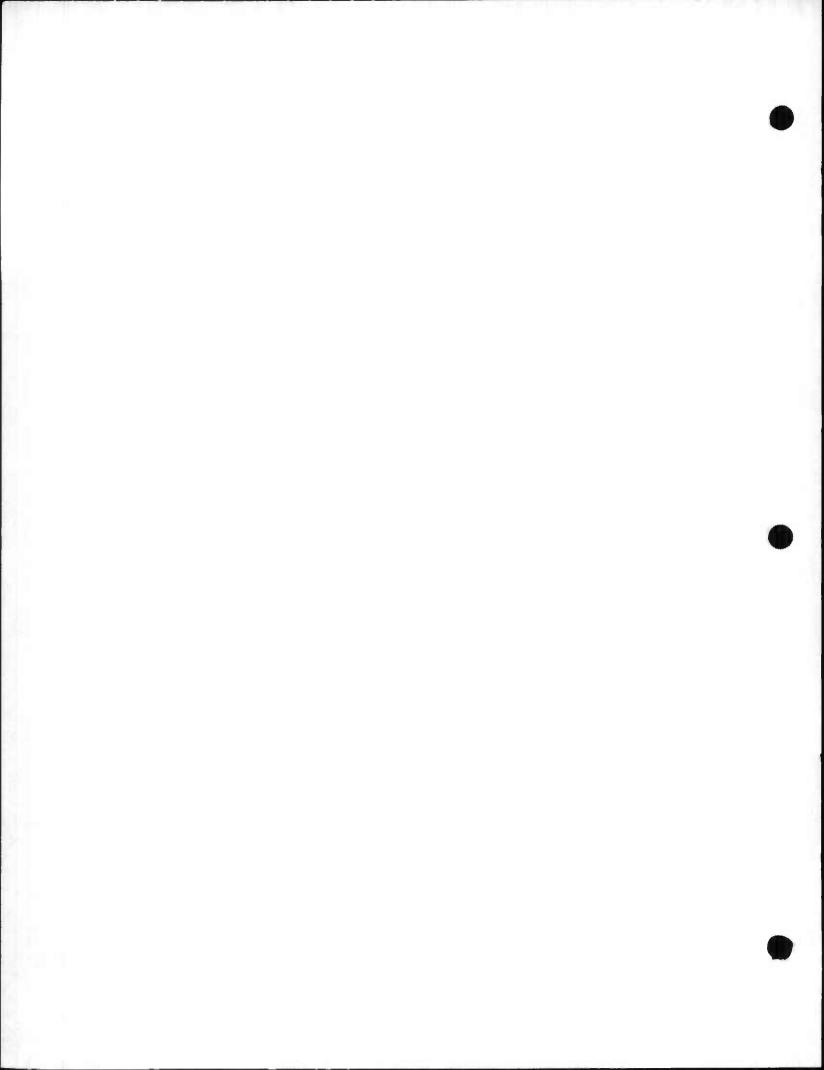
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
	CE	RTIFICATE	OI	F DEAT	H		REG.	NO.

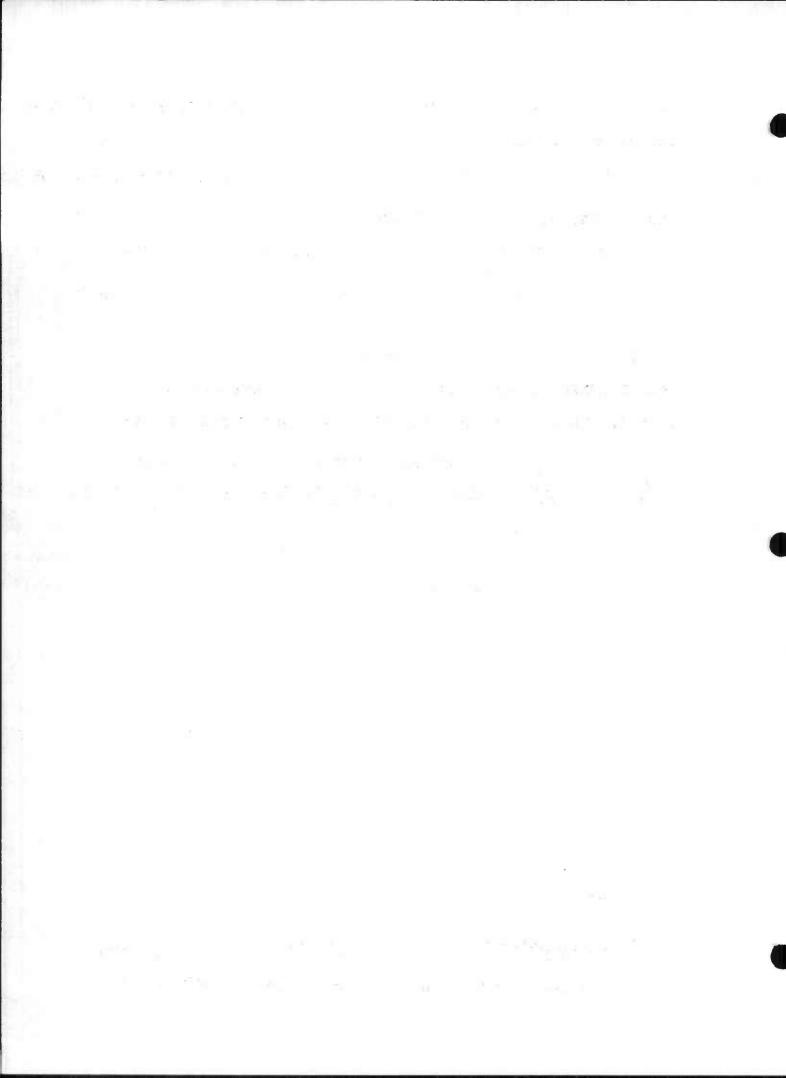
	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTME	NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENE	5 1	20202					
	1. DECEDENT'S NAME (First, Middle, La	ist)		2. DATE OF DEATH								
	Edith	Georgette Ki	lmer		June 18,	1997	9:18 P M					
	4. SOCIAL SECURITY NUMBER			DER 1 YEAR IF UNDER 24 HRS.	7, DATE OF BIRTH	6. BIRTI	IPLACE (State or Foreign					
	133-22-6524 9e. FACILITY NAME (If not institution, gi	1 M 2X F	83 YRS. MONTO		May 8, 191	14 Ala	bama					
œ			96. 0	ITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF D						
DIRECTOR	9005 Pealiquor Landing Drive Denton Caroli											
E	10e. STATE 10b. COU		N OR LOCATION			10d. INSIDE CITY LIMITS?						
		roline	D	enton		1 TES 2 TONO						
FUNERAL	10e. STREET AND NUMBER			10g. CITIZEN OF Y	VHAT COUNTRY?							
N.	9005 Pealiquor			21629			States					
	1 Never Married 2 Married	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D.	N U.S. ARMED	<ol> <li>WAS DECENDENT OF HISP If yes, specify Cuban, Mexi</li> </ol>	cen, Puerto Rican, etc.)	E — American Indian, k, White, etc.						
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TES 2 NO Spec	offy:	Spec						
COMPLETED	15. DECEDENT'S 8 (Specify only highest gr	NESS/INDUSTRY	I Caucasian									
	Elementary/Secondary (0-12)	College (1-4 or 5+)	(GIVE KIND OF WORK DO INE. Do NOT use retire	ne during most of working d.)								
MP	12 HS Grad.	2	Office Wo	rker	Ma	anufactu	curing					
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S P	IAME (First, Middle, Meiden S	'urname)						
BE		Lake Kilmer			h Rothgeb							
2	19e. INFORMANT'S NAME (Type/Print)			ESS (Street and Number or Run								
	Joan Wood			mine Road, F								
	20a METHOD OF DISPOSITION 1 A Burlel 2 Cremation 3 R		PLACE AND DATE OF DISP netery, crematory or other pla	cel		ATION - City or To	2.7 60.7					
	4 Donation 5 Other (Specify)	LICENSEE A	t. Paul's C	emetery R. NAME AND ADDRESS OF I	6/23   Hill	Lsboro,	Maryland					
	64 11	10/h		Moore Funera								
-	· / augo	UF-11/0019	_	12 South Sec	ond Street.	Denton.	MD 21629					
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ahock, or heart failure. List only one cause on each line.  Approximate interval Batween											
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Coverties to the part failure interval Batween Onset and Daeth Consequence of:											
	resulting in death) - a. CONNESCIVE HEAR TOILUPE VIS											
-	DUE TO (OF AS A CONSEQUENCE OF):											
5	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
S	cause. Enter UNDERLYING CAUSE (Disease or injury	C.										
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST	d										
AL C	PART II. Other aignificant condit	iona contributing to death b	ut not resulting in the	underfying cause given i	n Part i. 24a, WAS AN A	HTDPSV 24h	WERE AUTOPSY FINDINGS					
5	Organi	C. DRAIN	1 51/1	Drame	PERFORM	ED?	MAILABLE PRIOR TO COMPLETION OF CAUSE					
	9	S S	70		1 🗆 YES 2	110	OF DEATH?					
2						19	1 TES 2 TO					
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	Check only one)							
Sic	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/Outp	atient 3 DOA 4 D	ER: luraing Home 5 ( Residence	8 Other (Specify)							
E	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJ	IURY OCCURED						
<u>M</u>	Natural 5 Pending Accident investigation		м	1 YES 2 NO								
8	3 Suicide 6 Could not i	261. LOCATION (Street end City or Town, State)	ION (Street and Number or Rural Route Number, Town, State)									
	4 Homicide determined											
COMPLET		YSICIAN: To the best of my knowl										
Š I	one) 2 MEDICAL EXAM	INER: On the basis of axamination	end/or investigation, in m	y opinion, death occured at th	e time, date and place, and	due to the cause(e	end menner ea stated.					
BE	286. SIGNATURE AND TITLE OF CERTIF	TER O	2	294 LICENSE NO	MDER I	INL DATE SIGNED	(Month, Day, Year)					
<u>p</u>	Jan es	- Ded	2/1	123	1376	6470	-97					
7	30 NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEA	ETH (ITEM 27) /Type, Print)	11-1-	CIR							
J.	TAMES 3	1 Kex	7201	arket	ST DO	ONT	011					
	JUN 23 97	32. REGISTRAR'S SIGNI	ATURE M-Randall									



State of Maryland / Department of Health and Mental Hygiene 97

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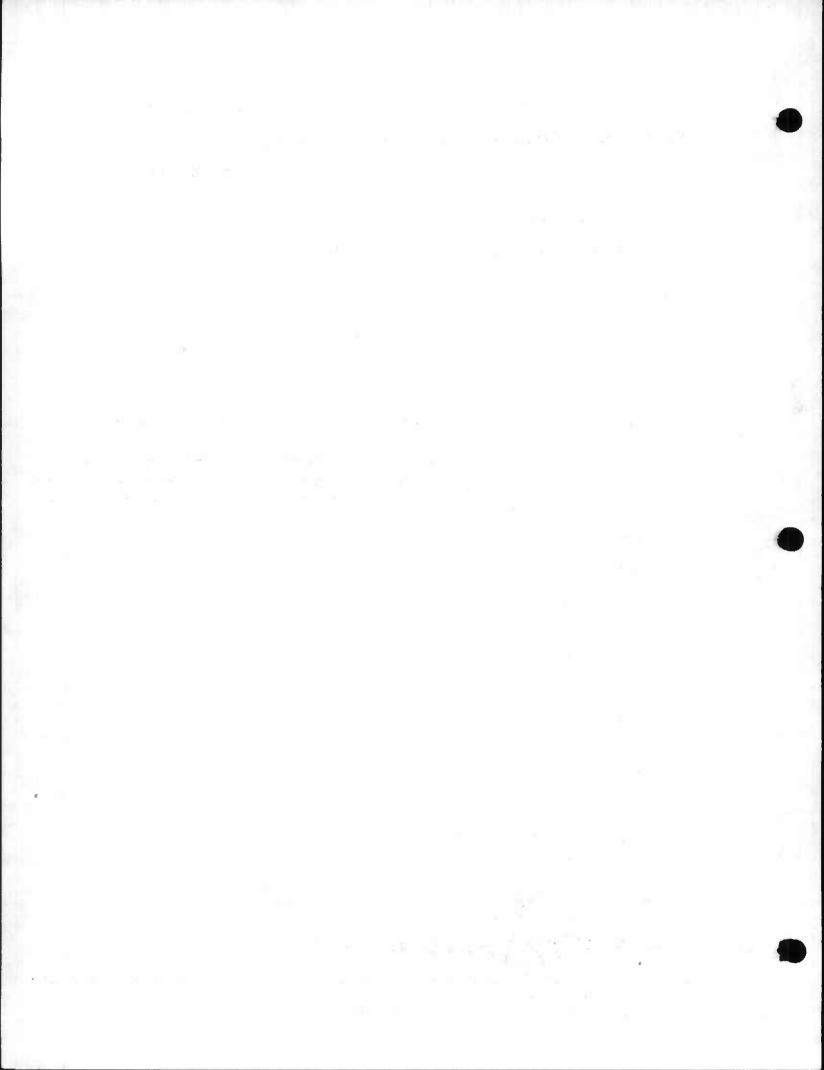
_					Ce	rtificate of	Death		Reg. No.		
	Physic /Medi		Decedant's Nama (First, Middla,  JOHN FF	Last) CANKLIN	LILLARD,	JR.		2. Deta of D Month JUNE	18,199	7 ^{Year}	3. Time of Death 12:30 PM
	Exami		4a. Facility Name (If not institution, 1		7)		4b. City, Town, or OXFOR			of Death	
	Funeral Director		5. Sociel Security Number 578-01-1612 Usual Rasidence of Decedent		ga (In yrs. last birthday, 86 Yrs.	Months Dey		(Month, D	rth ey, Year) 28,1911	9. Birthp Cour WAS	piace (Stete or Foreign ntry) SHINGTON,
	death with the Maryland rms 23a or 28a-f show	ctor	MD 10b. County TALBO	T	10c. City, Town or L					1	10d. Insida City Limits 1 X Yas 2 □ No
	th with the 23s or 28 ust be no	Funeral Director	10e. Street end Number 100 BENONI A	VENUE		10f. Zip Code	21654		10g. Citizen of U	What Cour SA	ntry?
020	or its	by	11. Meritei Stetus  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Was Deceden Armed Forces 1 2 Yas 2 1 Yas, Giva Yeer or Detes	No	Was Decedant of If Yas, specify Cu 1 ☐ Yas 2 ☐ No	Hispanlc Origin? (S ban, Mexican, Puert Specify:	pecify Yas or N o Rican, atc.)	o- 14. Rac Bie Specif	ck, White,	can Indien, atc. IITE
21215-0020	d within jiene. r than	Completed	15. Decedant's (Specify only highast to Elemantary/Secondary (0-12)	Education grada complated) College (1-4or 5+	5+)	odant's Usuai Occi a kind of work don DO NOT usa retir	upation e during most of wor ed)	rking	16b. Kind ot B	usinass/in	dustry
Maryland	s 1 and 2 should be filed if Health end Mental Hygie tem 27 is marked other other traumatic evant, to	To Be	17. Fathar's Nema (First, Middla, La JOHN FRANKLIN	·	, SR.		18. Mothar's Nar	na <i>(First, Middle</i> RY WAI		na)	
	1 and 2 sho Health end sm 27 is ma		19e. Intormant's Name/Raletionship JOHN F. LILLA				T., ANN				Code)
Baltimore,	permit. Pages 1 an Department of Heal Important: If Item 2 any injury or other once.		20a. Mathod of Disposition 1 X Burial 2 ☐ Cremation 3 4 ☐ Donation 5 ☐ Othar (Spe	cify)	20b. Place of Disposematary, cre OXFORD	matory or othar pi		Data 6-21-9	20c. Location		
Balt	Departi Departi Importi any inj		21. Signature of Funeral Service Lic	11	7/ 25	2. Nama and Add	HET FEMB	EIN &	NEWNAM	FUN	NERAL HOM
	Physician /Medical Examiner	er	23a. Part 1. Enter the disease, or co shock, or heart tailure. List on Immediate Ceuse (Final disease or condition resulting in death)		d the death. Do not en lina.  Mebral  Due to (or as a conse		hemi h	or respiratory	Perrast,		21601 Approximata Interval Between Onset and Deeth
ox 68760,	executed in and rial-transit	n/Medical Examiner	Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that initiated evants rasulting in death) Last	c	Dua to (or as a consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to consecutive to conse		(M)				210413
P.O. B	requires that the death of the siten signed by the attenthould be detached for u	Physician	Part II. Other significant conditions	contributing to death	but not resulting in tha u	undarlying cause g	liven in Pert I.		tobacco use co		o the cause of death
Records,	need should	Completed by			-	÷ (m.		24a. Wes	s an autopsy ormed?	av	fara autopsy findings valiable prior to ompletion of cause death?
	The ate h							10	Yas 20 No	10	□Yas 2□No
of Vital		To Be	25. Was casa ratarred to medical axaminar?  1 ☐ Yas 2 ☑ No	Hoapitei:	iant 2 ER/Outpetie	nt 3 DOA	26. Place of Dea		one)	ner (Sneck	ful
	neral		27. Manner of Deeth  1 Natural 5 Panding 2 Accidant invastigat	28a. Dete of inj (Month, D	ury 28b. Tima o	of 28c. inj			how injury occur		<i>y</i> /
Division	To the Hospital or Attandir within 24 hours after deeth. To the Funeral Director: Al completaly filled in by the fu	Certification:	3 ☐ Sulcida 6 ☐ Could not datarmine	d 288. Place of Ir	njury - At homa, tarm, st tc. <i>(Specify)</i>	reat, factory, office	9	28t. Location City or To	(Street and Numl own, Steta)	per or Run	al Route Number,
	n 24 hol n 24 hol ne Fune pletaly fi	edical	29a. Certifiar 1 Certifying I (Check only one)	Physician: To the best aminer: On the basis of and mennar s	of my knowledga, daat of exemination and/or in teted.	h occurred at the invastigation, in my	time, data end piace opinion, daeth occu	, and dua to the irred at tha time	causa(s) and m., data and piace,	annar as s and dua to	tated. o tha cause(s)
	To the York To the Comp	M	29b. Signeture end titla of certifier	me			2816		29d. Date signe	id (Month,	Day, Year)
			30. Nema and addrass of person who		daath (item 23a) (Type,	4	e Eas	ton m	10 216	")	
	Sta Regist		31. Date tiled (Month, Day, Year)  JUN 2 0	1997 32. Regist	rar's Signatura	indelle					



			State of M	arylari		rtificate			iid ivi	ена пу	Reg. N		91	20251
Dhuais		1. Decedent's Name (First, Middle, La	st)							2. Date of De	eth	ay	Vaar	3. Time of Death
Physici /Medic		Helen B	rooks Lawr	ence						June 1			Yeer	6:00 PM
Examir	ner	4a. Facility Neme (If not institution, giv						b. City, Tow	n, or Lo	cation of Deet	h 4	c. County	of Death	
131		Potomac Valley Nu						Rock					gome	ry
Funeral Director		5. Social Security Number 6. S 579-18-4827  Usual Residence of Decedent	ex 7. Ag □M 2ŽIF	94	est birthday) Yrs.	If Under Months	1 Year Deys	If Under 24 Hours	Min.	8. Dete of Bi (Month, Do October	th sy, Year 30,	1902	9. Birthp Coun Nort	iace (State or Foreign itry) h Carolina
f show	ō	10a. Stete 10b. County  Maryland Montgom	2.5		, Town or Lo								1	0d. Inside City Limits 1X Yes 2 □ No
ane. than "natural", or items 23a or 28a-f ehow he Madical Examiner must be notified at	Director	10e. Street end Number  1235 Potomac Val		KOC	CKVIII	101. Zip (							Whet Coun	
78 22 FIRE	era	11. Maritei Status	12. Wes Decedent	Ever in U.S	S. 13 V			spanic Orloi	n? (Sne	city Ves or N			e - Americ	
if, or Iten	by Funeral	1 ☐ Never Merried 2 ☐ Married 3 🖾 Widowed 4 ☐ Divorced	Armed Forces? 1 ☐ Yes 2 🔯 ! if Yes, Give Year or Detes:		i	f Yes, speci 1□ Yes 2			Puerto I	cify Yes or No Rican, etc.)			ck, White,	
atura cal E		15. Decedent's Ed	lucation	T	16e. Deced	dent's Usual	Occupe	etion			16b. l	Kind of Bi	usiness/Inc	
r than 'n	Completed	(Specify only highest gre Eiementary/Secondary (0-12)	de completed) Coilege (1-4or 5	5+)	(Give life. L	kind of work DO NOT use eache	k done d e retired	furing most o	of workii	ng			Scho	77
ed othe	Be	17. Fether's Neme (First, Middle, Last)  Jonathan Fle		nks						(First, Middle			10)	
mark	2	19e. informent's Neme/Relationship (			10b Mailin	a Address	(Street o			Route Numb		00	Ctata 7ia	Code
important: If item 27 is marked other than "natural", or itema 23a or 28a-f show any injury or other traumatic event, the Medical Evantines must be notified at once.  To Be Completed by Funeral Director		James W. Avery/G  20a. Method of Disposition  1□ Buriai 2 (\( \tilde{X}\) Cremetion 3 □	reat Nephe	0.01 81		Chep	stow	Road	, Mi	dlothi	an,	Vir		23113
important any injury once		4 Donetion 5 Other (Specify 21. Signature of Funeral Service Licen		Mon M0084	ntgome Ro 46 75	Name and bert A	Addres	s of Fecliity phrey	Fune	cal Home	/Bet	hesda	-Chevy	ryland Chase, Inc
ysician ledical		23a. Perf1. Enter the disease, or community shock, or heart feiture. List only immediate Ceuse (Final	blications that caused one cause on each iir	the deeth.	. Do not ente	er the mode	of dying	g, such es ca	ardiac o	r respiratory e	rrest,			Approximate Interval Between Onset end Deeth
aminer	Jer	disease or condition resulting in deeth)	a	Due to (or	as e conseq	uence of):								111000
physician and s tha bunal-transit	edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest	c		es a conseq									
attending p	Physician/Me		d											
t t	ysic	Part ii. Other significant conditions co	entributing to death bu	ut not resul	Iting in the ur	ndertying ca	use give	n in Pert I.		23b. Dld	tobacco	use co	ntribute to	the causs of death?
pe da	by	Soule +	Encet	10						10	Yes :	No	3 ☐ Prob	ably 4 Unknow
ate has been si page 2 should t	Completed									24e. Wes	en euto rmed?	ppsy	cor	ore eutopsy findings allable prior to appletion of cause death?
cate										10	Yes 2	⊠ No	1 🗆	Yes 2□ No
	Be	25. Wes case referred to medical examiner?	Hospital:	-			Othe			(Check only				9
his d	2	1 ☐ Yes 2 🔀 No  27. Manner of Deeth	1 ☐ inpatie	-	R/Outpatien		1	482 14012		ne 5 Resi				')
tor: After thi	Certification:	1 Meturai 5 Pending Investigation 3 Suicide 6 Could not be	(Month, Day	Year)	28b. Time of injury	М		? ′es 2□No	,					
		4 Homicide determined	building, etc	. (Specify)						City or To	wn, Stet	Θ)		l Route Number,
the Fune	Medical	(Checkonly 2 Medical Exam	sician: To the best of Inar: On the basis of and memoer ste	examination	riedge, death on and/or inv	estigetion, i	n my op	inion, death	olece, a occurre	nd due to the d et the time,	dete en	d piece, a	and due to	the cause(s)
20		29s. Signature and title of certifier	7/10	21e	SIL		D074	number					, 199	

Paul T. Noone, M.D., 50 West Edmonston Drive #207, Rockville, Maryland 20852-1290

State Registrar



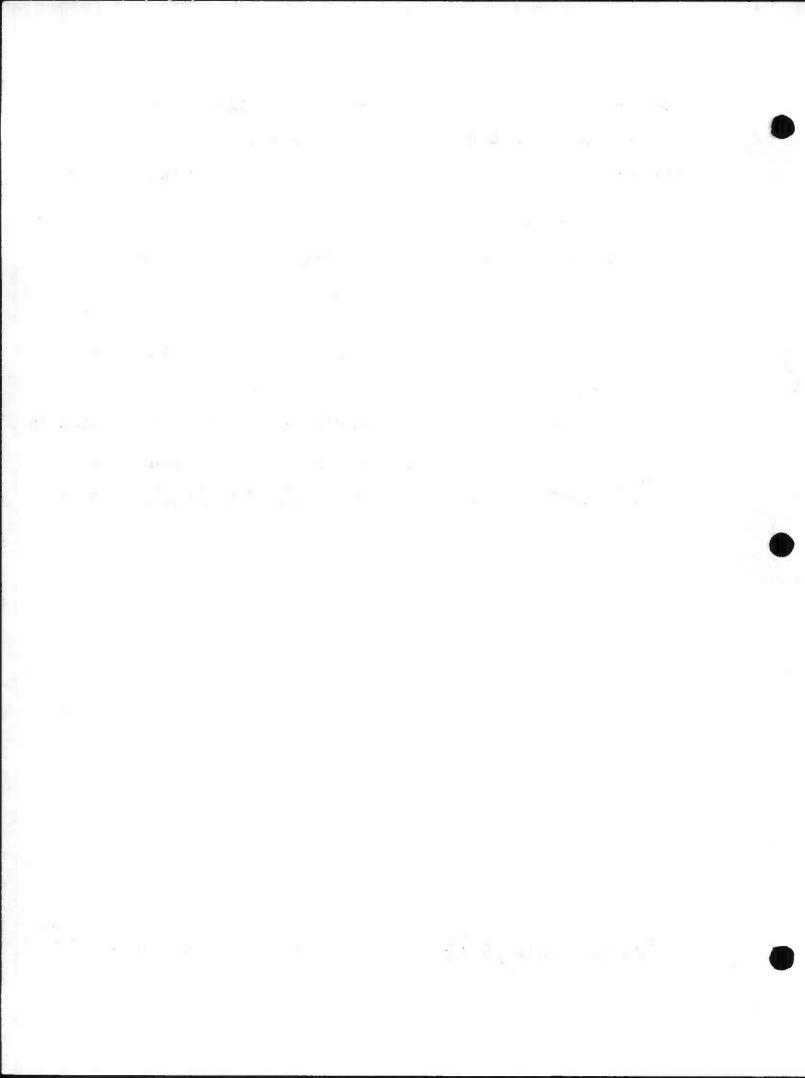
State of Maryland / Department of Health and Mental Hygiene

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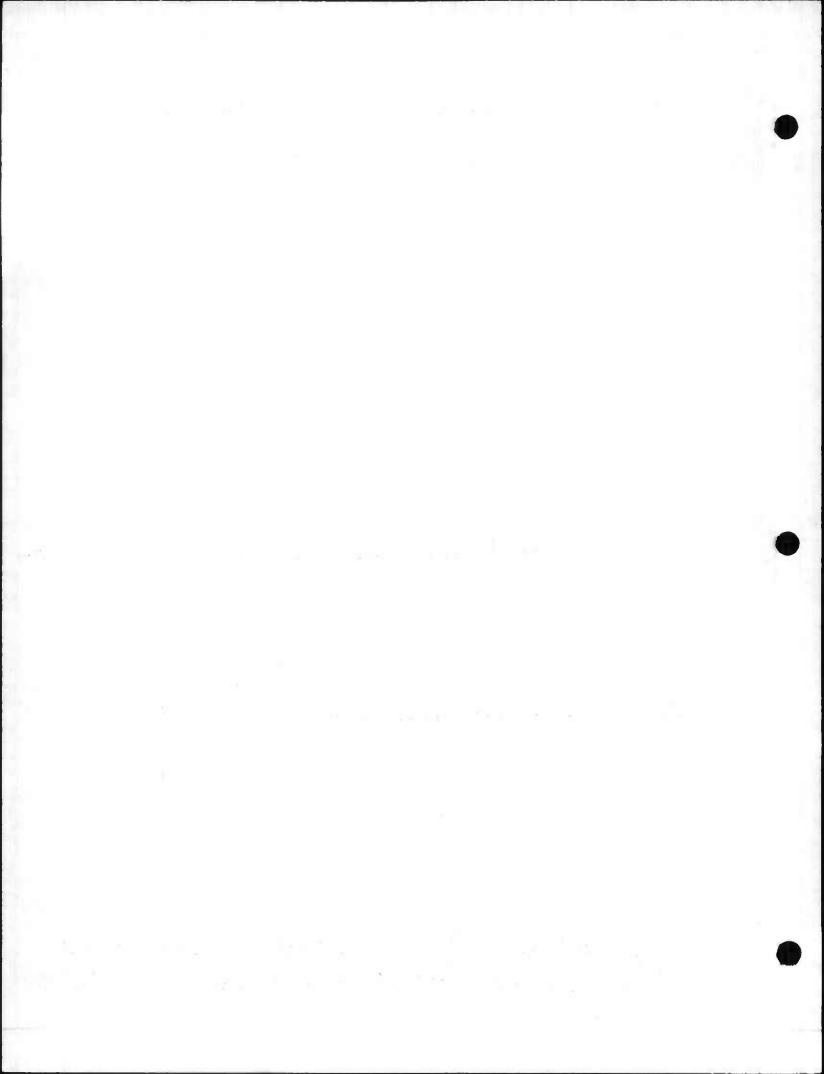
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Funeral Director		5. Social Security Number 579–36–8575	6. Sex	[M 2□F		yrs. last birthdey 91 Yrs.	Months			24 Hrs. Min.	(Month, D	irth Pay, Year) 4,1906	9. Birth	piece (Steta intry) PA	or Fore
show show	_	Usual Residenca of Decedent  10e. Stata 10b. Cour	•		10	c. City, Town or L								10d. insida (	
v 28e-f	Funeral Director	MD MO:	ntgom	ery		Silver	Spri 10f. Zip					10g. Citizen o	What Cou	101	1 212
mast b	eral C	15115 Inter1				In It S 13	Was Darer		0906	lain? (Sn	acity Vae or N		JSA	ican Indien,	
o'.	þ	1 □ Never Merried 250 N 3 □ Widowed 4 □ Divorce	arried	Armed For 1 Tas If Yes, Giver or D	2 XNo		If Yes, spec				ecify Yas or N Rican, etc.)	Spec	eck, White,		
hin 72 h	Be Completed	15. Deced (Specify only hig Elementery/Secondary (0-12	1	completed)	1-4or 5+)	16a. Dece (Give life.	edent's Usue e kind of wo DO NOT us	el Occu rk done se retire	pation during mos ed)	st of work	cing	16b. Kind of	Business/Ir	ndustry	
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Mentel Mentel	To Be	Abraham Leve	n						-		inable	o, merden dame	imey		
d 2 sh th and 7 is m traum		19e. Informent's Neme/Reletic										ber, City or Tow Silver			20
eges 1 en ent of Heal ft: If item 2 y or other	-	20e. Method of Disposition  1	n 3□R			Ob. Place of Disp cemetery, cre	osition (Nem	ne of othar ple	ace)		Dete 6/20	20c. Locetion	-	own, Stete	20
Department Important any Injure once.		21. Signature of Funeral Septi			iol C	Mt. Leb	2. Name an	nd Addre	ess of Fecili	ity		rection			
Physician /Medical Examiner s the bruiel-transit	Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying Cause (Disease or Injury that initiated events	6 b	Alzhe	Due	to (or es e conse	quence of):		_					Years	
nding use e	n/Med	Cause (Disease or Injury thet initieted events resulting in death) Last	d d	ributing to d		to (or es e conse		n asus	iven in Part	*	23b Die	i tobacco usa c	ontribute t	to the cause	of de
	by Physicia	Atrial Fibri										Yes 200 No		obebly 4	
hes been signe 2 should b	Completed										24a. We	s an eutopsy formed?	S\ CC	ere autopsy vallable prior ompletion of death?	to
certificate he rector, page		25. Wes case referred to medi	cal						OF Disc	a of Doot		Yes 2K No	1	☐ Yas 2☐	] No
0 0	To Be	examiner? 1 ☐ Yes 2 ☑ No	-	ospital:	inpatiant	2 ER/Outpetie	nt 3 DC	DA Ot	her		th <i>(Check only</i> oma 5□ Ras	one)	thar (Speci	fy)	
After	Certification:	3 ☐ Suicida 6 ☐ Cou	stigetion		of Injury of, Day Yea	ar) 28b. Time of injury  At home, ferm, st	М		Yes 2	No	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	how injury occi		al Route Nu	mber,
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Registrar



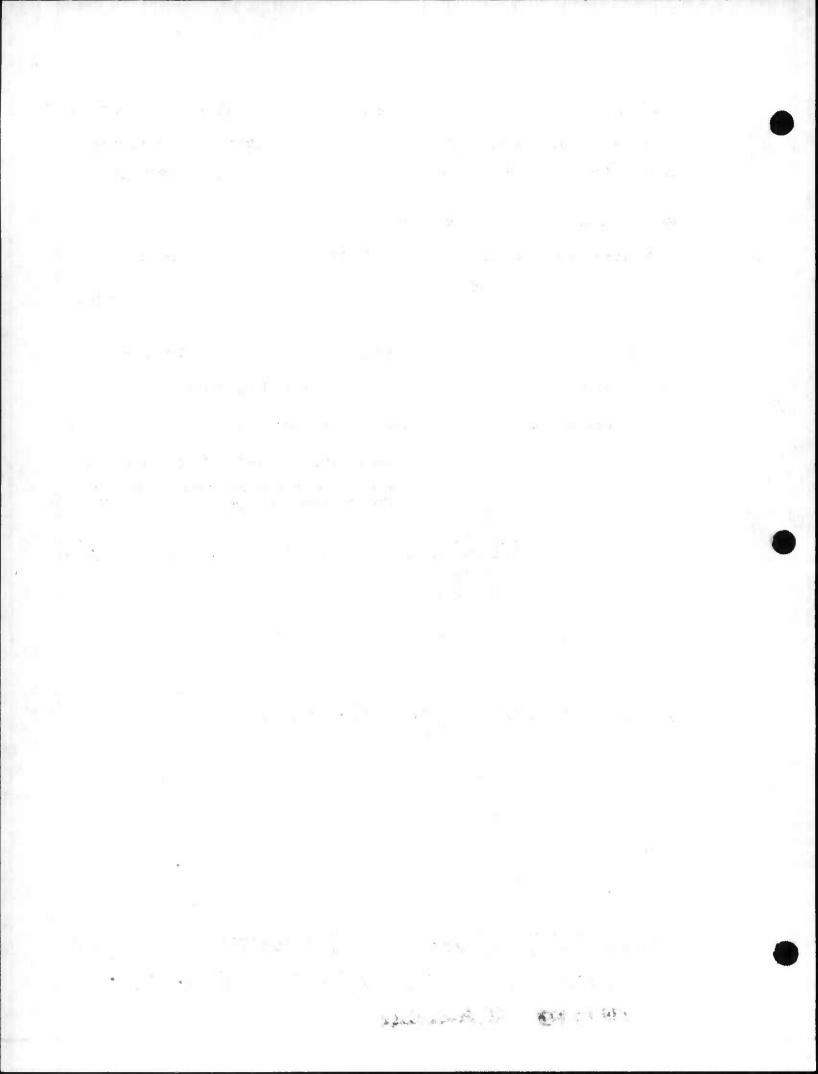
State of Maryland / Department of Health and Mental Hygiene

						Cei	rtificate d	of Death	7		Reg. No.		
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Physi /Med		Kut	7+	- (	-(NZ1	2R				JUNE	/) /S	Yeer	10:25 AM
/ivied Exam		4e. Fecility Name (	If not institution, giv					4b. City, T	own, or L	ocation of Deal	h 4c. County	of Deeth	
LAGIN		Holy Cr	oss Hospi	1+01				Silve	er Si	oring	Mont	gome	rv
Funera		5. Sociel Security			. Age (In yrs. le	st birthdey)	If Under 1 Ye	ar If Unda	r 24 Hrs.			_	
Directo		117 44 8 Usuel Residence o	112	ı□M ¾QXF	90	Yrs.	Months Da	ys Hours	Min.	Feb.	17,1907		olaca <i>(Stete or Foreign</i> otry) land
and w		10a. Stata	10b. County		10c. City,	Town or Lo	cation					1	0d. Inside City Limits
the Marylan 28a-f show	Funeral Director	MD	Montgome	ery	Sil	ver Sp	oring						1 XYes 2 No
1 th	F	10e. Street end Nu	mber				10f. Zip Cod	е			10g. Citizen of	What Cour	ntry?
23a zam	ie.	2 Fulha	m Court				2090	)2			U.S.A		
ter dea Itema	ner	11. Maritel Status		12. Wes Deced	dent Ever in U,S		Was Decedant	of Hispanic O	rigin? (Sp	ecify Yas or No		e - Americ	
d 21215-0020 filed within 72 hours after death with the Maryland hygiene. ther than "natural", or items 23s or 28s-f show ont, the Medical Examiner must be notified at		1 ☐ Never Marr 3 ☑ Widowed	led 2 Merried 4 Divorced	1 ☐ Yas If Yes, Give Yeer or Dat	No XX		1□ Yes 21X			1110011, 010.7	Specif		
Maryland 21215-0020 nd 2 should be filed within 72 hours aff the Advall Hygiene. 27 is marked other than "natural", or traumatic event, the Medical Exami	Completed by	(Spec	15. Decedent's E	ducation ade completed)		16a. Deced	dent's Usuel Oc kind of work do DO NOT use re	cupation ne during mo	st of work	ring	16b. Kind of B	usinass/Ind	dustry
ore, Maryland 212: les 1 and 2 should be filed within of Health and Mental Hygiene. I filem 27 te marked other than in other traumatic event, than	GE C	Elementery/Seco	ondery (0-12)	College (1-	4or 5+)			rired)					
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e, Me lend 2 lealth e m 27 le			Linzer/Da	ughter/			1ham Co		llver	-		0902	
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Baltimore, permit. Pages 1 er Depertment of Hea Important: If item any Injury or other		21. Signature of Fu	ınerei Service Licer	1500		22	Ives-Pe	arson	Fune	ral Hor	mes ngton, V	Λ 22	2201
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cords, P.O. Bo requires that the death een signed by the etter hould be detached for u	by PI	HETERL	arlera	ric LAR	Drongs	some.	र्गिय	th€		1	Yes 280 No	3 □ Prol	bably 4 ☐ Unknow
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Oivisio or Attendial siter deeth. Director: A in by the fu	rtifica	3 ☐ Sulcide 4 ☐ Homicide	6 Could not be determined	286. Pieca o	of Injury - At hon g, etc. (Specify)	ne, farm, str	eet, factory, offi	08		28f. Location ( City or To	Street end Numb wn, Stete)	oer or Rure	al Route Number,
Hospital 24 hours Funeral	edical Certification:	29a. Certifier (Check only one)	Certifying Ph	yelclen: To the b	is of examinetic	ledge, deeth on end/or inv	occurred et the restigation, in m	time, date e y opinion, de	nd plece, eth occur	end due to the red et the time,	ceuse(s) end mo	enner es si and due to	teted. the ceuse(s)
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State of Maryland / Department of Health and Mental Hygiene 97 20257

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Ē	Pa ant: ury			5 Other (Spec			. Oliv	et Ce	mete	ery	06	/16/97	7 W.	ashin	gton,	DC
Baltimore,	permit. Pages 1 ar Depertment of Hee Important: If Item 2 any injury or other once.		21. Signatura of Fi	unaral Sarvice Lic	ecsee		22	. Nama an	d Addra	ss of Facil	ity	***			-	
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	Dhusisian		shock, or has	ırt failura. List onl	y ona causa on a	aach lina.				· gr			,			Intarval Batween Onsat and Death
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	iceta be executed physician end s the burial-transit	Examiner	Sequentially list co	enditions,	0. ———		or as a conseq									
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P.0	y the	ys	Part II. Other eignit													the cause of death?
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ita	certificata rector, pag	Be (	25. Was çasa rafar	red to medical				_		26. Place	a of Deat	h (Check on	ly one)			
of Vital Records,	Physician: The is this certificata he ral director, paga	ToE	axaminar? 1 ☐ Yas 2 🗹	No	Hospital:	Inpatiant 2	ER/Outpatien	t 3 DO	Oth	0.5.		ma 5□R		6 DO#	ar (Chaoibi	1
0	문 후 혈		27. Mannar of Deat		28a. Data	-	28b. Tima of				-	28d. Dascri				
Division	or Attending Fefer death. Director: Aftar in by the funer	Certification:	1 Natural	5 Panding invastigation		th, Day Year)	Injury	м	8c. Injun Worl	k? Yas 2□				,,,,,		
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<u>≥</u>	or A	뒫	4 Homicida	datarmine	28a. Place buildi	of Injury - At ho ing, atc. (Spacif	oma, tarm, stri y)	aat, tactory	, office				Town, S		er or Hurai	Routa Number,
	To the Hospital or Attending Ph within 24 hours effer death. To the Funeral Director: Affar th completaly filled in by the funeral															
	To the Hospital within 24 hours To the Funeral completaly filled	edicai	29a. Cartifiar (Check only	1 Certifying P 2 Medical Exa	hysician: To tha minar: On tha b	best of my kno-	wledga, daath	occurred a	at tha tim	na, data ar	nd place,	and dua to t	ha caus	a(s) and ma	innar as sta	ited.
	the the the the the the the the the the	8	one)		and man	nar stated.		aongano,,	, 0,				ia, data	and place,	und dou to	314 04004(5)
	To	Σ	29b. Signatura and	titla of certifiar		11		290	-	a number	10		29d.	Data signe	d (Month, D	lay, Year)
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	19	1	30. Name and addr.	ass of person who	complated caus	sa of death (Item	234) (Type	Print)				Spr		7		
1	2)		Chan	m /1 /2	sville	Roga	11 -+	4E	lone	<	1/110	53-	ina	M	1 -	0910
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State of Maryland / Department of Health and Mental Hygiene

							tificate of	Death		Reg. No.	20258
г	Physic	ian	Decedent's Nama (First, Middla, La	ist)			,		2. Data of De		3. Time of Daath
1	/Medi	cal	JOROTHY				LE990		JUNE	15,19	97 8:00pm
	Exami	ner	4a. Facility Nama (If not institution, Gi					4b. City, Town, or Takoma	D 1	14 1	
-	Funanal		Washington Adventi 5. Social Security Number 6.3		a (In yrs. last t	hirthday)	If Under 1 Yaar		8 Date of Bi	Montgo	
	Funeral Director			1□M 2KDF	61	Yrs.	Months Deys	Hours Min.	August		Birthplace (Stata or Foreign Country) lorth Carolina
	yland m		10a. Stete 10b. County		10c. City, To	wn or Loc	ation				10d. Insida City Limits
	Mar a-f et	tor	Maryland Prince G	eorge's	Lan	ham					1 2 Yes 2 □ No
	or 28	Sire.	10e. Street and Number				10f. Zlp Coda			10g. Citizan of Wha	it Country?
	ath w	- E	2900 Brightseat				20706			U.S.A.	
Maryland 21215-0020	permit. Peges 1 end 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hyglene. Important: if item 27 is marked other than "naturaf", or items 23a or 28a-f show any follury or other traumatic event, the Moclea Exprining rount be notified at once.	by Funeral Director	11. Maritel Status 1 ☑ Navar Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	12. Was Dacedent Armed Forcas?  1  Yas 2  I Yes, Giva Yaar or Dates:			as Decedant of H Yes, specify Cube □ Yas 2 🔯 No	fispanic Origin? (S en, Mexicen, Puart Specify:	pacify Yas or No to Ricen, atc.)	14. Race - A Black, N Specify:	Amarican Indian, Whita, etc. Black
5-0	72 ho	Completed	15. Dacedant's E (Spacify only highest gro	ducation ada complated)	16	a. Daceda	ant's Usual Occup	petion during most of world)	rkina	16b. Kind of Busin	ass/Industry
121	within ene.	du	Elemantary/Secondery (0-12)	Collega (1-4or 5	i+)		o not use retired nemaker	d)	g	Doducat	
d 2	filed with Hygiene. other than	ပိ	10th 17. Fathar's Neme (First, Middle, Last	)		1101	ileillaket.	18 Mother's Ner	ne /Firet Middle	Privat Maidan Sumame)	ve
lan	should be and Mental is merked or umatic eve	To Be	0 7	gett				Estell			
ary	and M and M is mar	_	19a. informant's Name/Ralationship (	9	19	9b. Mailing	Address (Straat			er, City or Town, Ste	ita, Zip Coda)
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ore	of He		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cramation 3 ☐	Demoual from State	20b. Placa cemat	of Disposi	ition (Nama of atory or othar place	ce)	Deta	20c. Location - City	
Ĕ	Peges ment of I ant: If ite ury or of		4 □ Donation 5 □ Othar (Spacial					Cemetery	06/19	Landover	, Maryland
Baltimore,	pemit. Pege Department Important: If any Injury or once.		21. Signetura of Funaral Sarvice Licer	P +		22. J.	Nama end Addra B. JENI	ss of Facility KINS FUNE	ERAL HOM	E	
			23a. Part1. Enter tha disaasa, or com shock, or haart fallure. List only	plications that causad	tha daeth. Do	74 o not enter	174 Lando	over Road	d, Lando	ver, Mary	land 20785
	Physician		shock, or haart fallurd. List only	ona ceusa on aach lir	na.						Intarval Between Onsat and Deeth
	/Medical Examiner		Immediate Causa (Final diseesa or condition	· CARL	0112	MA	OF	COLO	TION HO	H METASTAS	nc
	Examiner	۰	resulting in daath)	о.	Due to (or as a						
	nsit	Examiner		b							
	ficate be executed physician and is the buriel-trensit	Exar	Sequantially list conditions, if any, leeding to immadiata causa. Entar Underlying Cause (Disaasa or injury		Dua to (or es a	consequ	anca of):				
68760,	sicial buri	edical	triat initiated evants	C	Due to (or as a	concean	anno of):				
89	ng phi as th	Med	rasulting In daath) Last		000 10 (0) 43 4	Conseque	arioe orj.				
Box	eath cert ettendin I for use	any		d							i
P.O.	e dea the et hed fo	/slcl	Part II. Other eignificant conditions of	ontributing to death bu	it not resulting	In tha und	larlying causa giv	an in Part i.	23b. Dld	tobacco uee contrit	oute to the cause of death?
٩.	hat the	Phy	OSEPSIS, CL	INICALL	(, D	Bi	BACGAR	Promon	10	Yee 2□ No 3[	Probably 4 Unknown
Records,	The faw requires that the death certificate be executed to hes been signed by the ettending physician and bage 2 should be detached for use as the buriel-transit	Completed by Physician/M	InfiltorAcs (4) Permane	3 Co	~368A"	IVL	Heast!		24a. Was	an autopsy 24	4b. Ware eutopsy findings available prior to
ec	law r	uple	000	1 600	0100	200	2012	#1 St 26 cg			completion of cause of death?
E		Con	(4) Permane	N+ 180	Cxco q	SIUV			10	ras 2 DNo	1 ☐ Yas 2 ☐ No
Z Z	nystclen: The law vis certificate hes t I director, page 2 s	Be	25. Was case referred to medical axaminer?	Hospital:			Oth	26. Place of Dee	th (Check only o	one)	
Division of Vital		5	1 ☐ Yes 2 ☐ No 27. Menner of Death	1 Inpatia		Outpatient Tima of	3□ DOA Oth	4 LI Nursing H		dance 6 Othar (S	Specify)
o	ding F th. After funer	tlon	1 Neturel 5 ☐ Pending 2 ☐ Accidant invastigation	(Month, Day	Year)	Injury	Worl	k? Yas 2 □ No	200. Dascribe	low injury occurred	
N N	il or Attendir efter deeth. Director: Af d in by the fu	Certification:	3 Sulcida 6 Could not be datamined	28a. Place of Inju	ry - At home, f	iarm, straa					r Rurel Routa Number,
ā	F # = C	Cert	4 🗆 Homicida	building, etc	. (Spacity)				City or To	vn, Stata)	
	To the Hospital of within 24 hours of To the Funeral D completely filled in	edical	29a. Certifiar Certifying Ph	ysician: To the best of niner: On the basis of and mannar stat	axamination el	a, daath o	occurred at the tim stigetion, in my op	na, data and piace pinion, daath occu	, and dua to tha rred et tha tima,	cause(s) and manna data end plece, and	r as stated. dua to tha causa(s)
	o this	M	29b. Signeture end title of certifier	with mountain state			29c. License	e number		29d. Data signed (M	Ionth, Day, Year)
	6		Mohamm	ed A. Mr	man	-W	D D2	4593		6.16	(9)
F	(5)	-	30. Name and address of person who	complated causa of de	ath (Itam_23a)	(Type, Pr	int) a a h	TALER	TEN	1000 0	1156 201
	9		30. Name and address of person who			)	3331-	TTSVI	LLE )	MD? 2	UITE-206 0783.
	Star Registra		31. Data filad (Month, Dey, Yaer)  JUN 18 1007	32. Ragistra	r's Signatura	.0 00	,				

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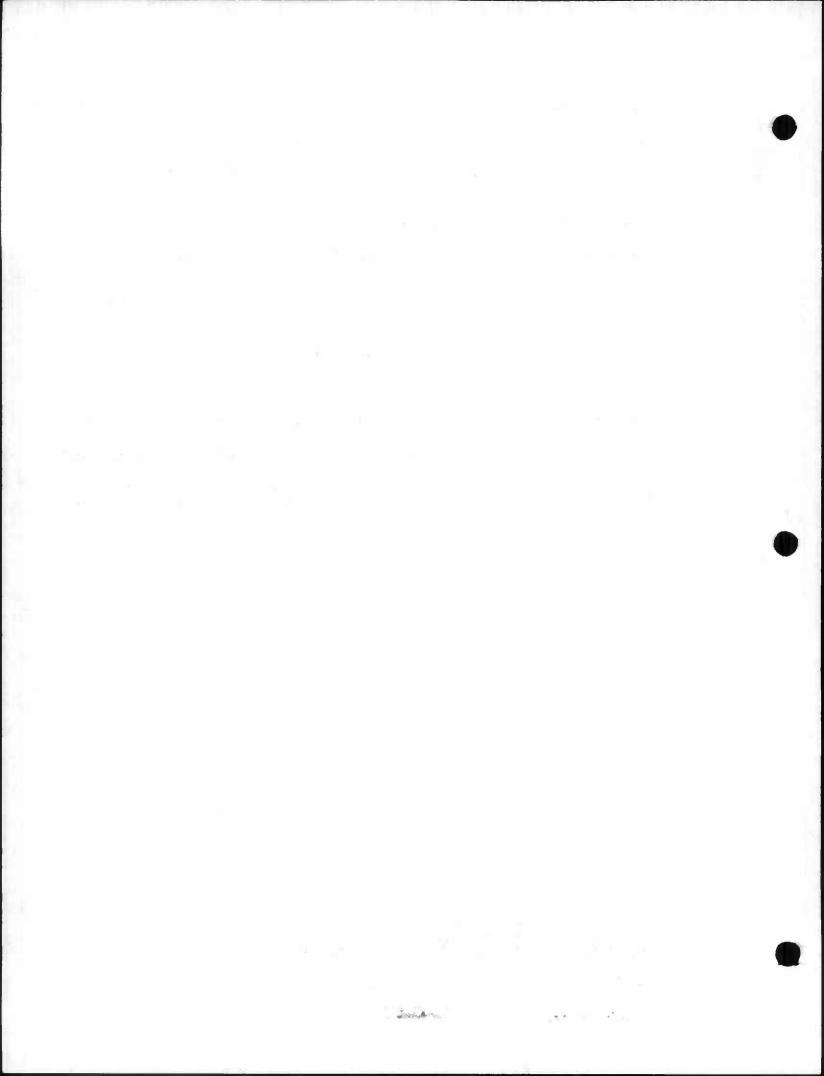
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State of Maryland / Department of Health and Mental Hygiene

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						Cei	rtificate	of	Death			Reg. No.		
Physician		Decedent's Neme (First, Middle									2. Dete of D	Day	Yeer	3. Time of Deeth
/Medical	ŀ	Samuel Lawre		Lee							June	14, 19	97	3:30 AM
Examiner		te. Fecility Neme (If not Institution 903 She1by Da	7	end numb	er)				0xor	n Hi	ocation of Dee	100.00	inty of Deeth	Georges
Funeral Director		5. Sociel Security Number 577–40–7268	6. Sex		Age (In yrs. la.	st birthday) Yrs.	If Under 1 Months	Year Deys	If Under Hours	24 Hrs. Min.	8. Date of B (Month, D	irth Pay Year) -1926	9. Birth Cou Balti	pleca (State or Foreign ntry) .more, Md.
Maryland of show find at		Usuel Residence of Decedent 10a. Stete 10b. County Maryland Prince	e Geor	ges		Town or Lo								10d. Inside City Limits  Yes 2□No
with the		10e. Street end Number 903 She1by Driv					10f. Zip 0					10g. Citizen USA	of Whet Cou	intry?
d 21215-0020 filed within 72 hours after death with the Maryland thygiene. ther than "natural", or items 23a or 28s4 show but, the Medical Exercises must be notified at a Completed by Funeral Director		11. Marital Status  1 Never Merried 2 Marr  3 Widowed 4 Divorced	12. W A ed 1	as Decedermed Force  Yes, Give eer or Dete	□ No	,	Wes Decede	nt of H	lispenic Ori an, Mexicar Specify:	n, Puerto	ecify Yes or N Rican, etc.)		Raca - Ameri Bleck, White Brify:Blac	, etc.
Maryjana Z 12 i 5-0020 nd 2 should be filed within 72 hours aff the and Mantel Hygiene. 77 is marked other than "natural", or Traumatic avent, the Medical Exam. To Be Completed by F		15. Decedent (Specify only highest Elementery/Secondery (0-12)	's Education it grade con	)		(Give	ient's Usuel kind of work DO NOT use	done	durina mos	t of work	ing	1	f Business/Ir	
		Elementery/Secondery (0-12) 12 17. Fether's Neme (First, Middle,	Last)			Spe	cial P	ol:	18. Mothe			Prote e, Melden Sur		
2 should be filled and Mentel Hygi smarked other aumetic avent, I to Be Co	:	Un-Known  19e. Informent'e Neme/Reletions	nip <i>(Typ</i> e, P	nin <i>t)</i>						er or Rur	el Route Num	ber, City or To		
permit. Peges 1 and 2 should by Deperment of Health and Mental Important: If Item 27 is marked any Injury or other traumatic a once.  To E	2	Cynitha Lee  20e. Method of Disposition  1 🖫 Burial 2 🗆 Cremetion		el from Ste	20b. Pie	ca of Dispo	sition (Nemenetory or oth Veter	of er ple	ce)	1	Dete		on - City or T	
permit. Peges 1 ar Department of Hea Important: If Item 2 any Injury or other page.	-	4 Donetion 5 Other (S) 21. Signeture of Funerel Service	• • • • • • • • • • • • • • • • • • • •	ryc		22	Name end	Addre	ss of Fecili	unke	ett, In	ic. Fun	eral H	
Physician /Medical Examiner		23a. Perth-Enter the disease, or shock, or heart failure. List Immediate Ceuse (Finel disease or condition resulting in deeth)			sed the death. h line.  Due to (or e	Do not ent	er the mode	of dyir	ng, such es	cardiac	or respiretory	errest,		Approximete Intervel Between Onset end Death
Section, setting the setting of the setting physician and set as the buriel-transit Medical Examiner		Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury thet initiated events	b	47	Due to (or e	es e conseq	uenca of):						1	
centifi nding use e		resulting In deeth) Lest	d											
requires that the deeth of each of each signed by the etten hould be deteched for unsteed by Physician		Pert II. Other significant conditio	ns contribut	ing to death	h but not result	ing in the ur	nderlying cau	ıse giv	ren in Pert i			tobacco use		to the cause of death?
aw requires seen sign 2 should be											24e. We	s en eutopsy formed?	C/C	Vere eutopsy findings veilable prior to ompletion of cause if deeth?
F # 6 0		25. Wes case referred to medical examiner?							26. Piece	of Deet	1 Check only	Yes 2X N	0 1	□Yes 2□No
H dig		1 → Yes 2 □ No	Hospit	1 L Inpi		R/Outpetien		_	4 LI NI	ursing Ho		sidenca 6 🗆		(fy)
After fune		27. Menner of Deeth  1  Neturel	ation ot be	e. Dete of li (Month,		8b. Time of Injury	М		yet k? Yes 2□	No		how injury oc		
To the Hospital or Attention within 24 hours effect deat completely filled in by the Medical Certifical		4 ☐ Homicide determi	ned 28		Injury - At hom etc. (Specify)						City or To	own, Stete)		ei Route Number,
To the Hospital or within 24 hours afte to the Funeral Dir completely filled in Medical Cert		(Check only '2 Medical E	xaminer: C	: To the be In the basis nd menner	st of my knowless of examinetion steted.	edge, death n end/or inv	estigation, in	n my c	pinlon, dee	d plece, th occur	end due to the red et the time	, date end ple	ca, end due l	to the ceuse(s)
5 1 5 0		29b. Signature and title of continer	H	rem	to.	7			40143	09		June	gned (Month,	
(7)		30. Neme end eddress of person of Allen Greenles		45 19	th St.	N. V	V., Wa	sh.	D.C.2	0036				
State Registrar	3	31. Dete filed (Month, Day, Yeer)  JUN 18	997	32 Regi	strar's Signetu	Redd	3							



State of Maryland / Department of Health and Mental Hygiene

					Certifica	ate of D	eatn		Reg. No.	
		1. Decedent's Neme (First, Middle, Le	# FLORENCE	A. LEN	TINI	/		2. Dete of De	eth Day Yes	3. Time of Deeth
Physici		HORENCE F	7		LONIA	-1111		Month	18 199	1-061
/Medic		4e. Facility Neme (If not institution, gh	re street and number) ,		11	4b.	City Town, or,	Location of Deeth	4c, County of De	eeth 2
r Examin	lei	0 4 1	Mary !	L	Lini	tue 1	1. 1		(1)	General
		5. Sociel Security Number 6.5	1 My 14	(In yrs. lest birt	thetaut if Uni	der 1 Yeer	If Under 24 Hrs	2 Date of Bird	PRINCE	seriges
Funeral			ITM STE		Yrs. Month		Hours Min.	8. Dete of Bird (Month, Da	v. Year)	Birthplace (State or Foreign Country)
Director		015-28-1787		81				March 1	1, 1916Mas	ssachusetts
pu *		Usuel Residence of Decedent  10e. State 10b. County		10c. City, Towr	or Location					10d. inside City Limits
ith the Maryler or 28a-f show the notified at	_	Alle Active								
the M 28s-f	5	Maryland Charles		Hu	ghesvi	lle				1 Yes 2 No
ith th	Directo	10a, Street end Number			10f. 2	Zip Code			10g. Citizen of What	Country?
th w		13555 Oaks Road				20	0637		USA	
filed within 72 hours after death with the Maryland Hygiene. ther than "naturel", or Nerma 23a or 28a-f show ant, its Medical Examination natural bandified at	Funeral	11. Meritel Stetus	12. Wes Decedent En	ver in U,S.	13. Was De	pedent of Hisp	penic Origin? (S	pecify Yes or No o Rican, etc.)	14. Rece - Ar Bieck, W	merican Indian,
or its		1 Never Married 2 Married	1 ☐ Yes X No					o riioari, oto.)		
urs Fig.	by	3 ₩ Widowed 4 Divorced	Yeer or Detes:		1 LI Yes	2 No	Specify:		Specify:	White
72 hours "naturel",	Completed	15. Decedent's E	ducation	16e.	Decedent's U	suei Occupeti	lon		16b. Kind of Busines	ss/Industry
n'n	ple	(Specify only highest grant Elementery/Secondery (0-12)	de completed) Coilege (1-4or 5+	\	life. DO NOT	work done du 'use retired)	lon ring most of wo	king		
d within	Eo	10	College (1-40r 5+	,	Homem	aker			Own	Home
be filectial Hygother other	O	17. Fether's Neme (First, Middle, Last	)			1	8. Mother's Ner	ne (First, Middle,	Meiden Sumeme)	
d be	Be C	Napoleon G. Damb	nisa				Man	ie H. Ga	ano	
Should be filed with end Mentai Hygiene, ie marked other than sumatic event, the	10	19e. Informent's Name/Reletionship		405	Madica Adda	(С			er, City or Town, State	7:- 0-4:1
					3.00					a, Zip C00e)
of Health Item 27		Paul L. Lentini	- Son				d, Hugh	esville,		
		20a. Method of Disposition  1XXBuriai 2 □ Cremetion 3 □	Removei from Stete	cemeter	Disposition (A y, cremetory o	r other piece)	i	Dete	20c. Location - City	or Town, Stete
Peg nent ant:		4 □ Donetion 5 □ Other (Special		Quanti	co Nat	ional (	Cem.	5-23-97	Triangle,	Virginia
permit. Peges Department of Important: if i eny injury or		21. Signejum of Fundal Sentice Lice	see Jans.		22. Name	end Address	of Fecility a l Home			
permit. Peges 1 and Department of Heal Important: if Item 2 eny injury or other ODCS.		Mark G. Broh	awn M0005	2					00604 01	5.6
					P. U.	ROX T	.56, Wal	dort, MI	20604-01	Approximete
		23a. Pert1. Enter the diseese, or com shock, or heert feilure. List only	one ceuse on each line	). A	iot eriter trie in	oue or dying,	6	or respiratory er	1651,	interval Between Onset end Deeth
Physician /Medical		Immediate Cause (Final	110	Via	-1/	100	a of			Chiadi and Dadin
Examiner		Immediete Cause (Finel diseese or condition resulting in deeth)		M		Ove	KSI	0		f
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eath etten	by Physician	and a second control of the second						Lancara		
res that tha de signed by the e I be detached f	ysi	Pert II Other significant conditions of	ontributing to death but	not resulting in	the underlying	g cause given	in Pert I.	23b. Did 1	tobacco use contribu	ute to the cause of death
hat t ad by deta		Dusett	2 Mi	olli	m			10	Yes 2 No 3	Probably 4 Unknow
requires that tha death seen signed by the etter hould be detached for t			V V 9							
requir been si should	Completed							24a. Wes perfo	en eutopsy 24l med?	<ul> <li>Were autopsy findings avellable prior to</li> </ul>
2 s L	Pie									completion of cause of death?
0 - 0	0							10	res 2 LNo	1 ☐ Yes 2 ☐ No
icien: The certificate rector, pag	Bec	25. Wes case referred to medical					26 Place of Dec	ath (Check only o	nel	
ysicien: Is certific director,		examiner?	Hospitai:	t 2□ ER/Out	tpatient 3	Othor				
	5	27. Menper of Death	1 Inpatien		ime of	DOA	4 U Nursing F		dence 8 Other (S)	pecify)
After fune	Pol	1. Naturei 5 ☐ Pending	28a. Dete of Injury (Month, Dey	Year) ir	njury	28c. Injury e Work?		200. Describe i	iow injury occurred	
or Attending after deeth. Director: After d in by the fune	cat	2 ☐ Accident Investigatio			М		s 2 No			
or At	E	4 ☐ Homicide determined	28e. Pieca of injur building, etc.	y - At home, fei <i>(Specify)</i>	rm, street, fact	ory, office		City or Tov	Street end Number or vn, Stete)	Rural Route Number,
To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by	edicai Certification:									
hou numer	cai	29a. Certifier Certifying Pt	ysician: To the best of	my knowledge,	deeth occurre	ed et the time	, date end plece	, and due to the	cause(s) and menner	as stated.
n 24 n 24 ne Fi	B	one) 2 Medical Exam	niner: On the basis of e	xaminetion end	vor investigeti	on, in my opir	nion, death occu	rred et the time,	dete end piece, and d	lue to the cause(s)
To the Hospital of within 24 hours a To the Funeral D completely filled I	ž	29b, Signature and tile of certifier	. ()		2	29c. License r	number		29d. Date signed (Mo	onth, Dey, Year)
		1	gua			D19	947			
	K	20 Name and address of access	and the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of t	w //w - 00-: *	F	- / /	1 6 1			
		30. Neme and eddress of person who	completed cause of dec	mi (item 23a) (	() Pnnt)	1312	2	1 1.1	· Ident,	212 2001
		ANNETTE S 31. Dete filed (Month, Day, Year)	MSAIVES	6	105T	THE	ce no	LUB	lovery,	MD LUGE
Sta		o i. Doto illeu [Moritii, Day, 1881]	32. Registrer	a signature	A .	1/1/			//	

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month **Physician** 2339 1994 June Fisher /Medical Layton Anne Fisher

4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner PENINSULA REGIONAL MEDICAL CENTER SALISBURY WICOMICO If Under 1 Yeer | If Under 24 Hrs. | 8. Dele of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2 F Months 64 Yrs Director 218-30-2185 June 13,1933 MD Usual Residence of Decedent with the Manyland 10a Slale 10b. County 10c. City, Town or Location 10d. Inaide City Limits ral", or items 23a or 28a-f show Examiner rough be notified at 1 Ves 2 □ No Director MD. Dorchester Hurlock 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 308 Charles USA Street deeth. Funeral 21643 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, 11. Maritel Stalus Bleck, White, etc. Pages 1 and 2 should be filed within 72 hours efter nent of Health and Mental Hygiene. nn: if item 77 is marked other than "netural", or ite ary or other traumatic event, the Medical Energy. 1 ☐ Yes 2 ☐ No If Yes, Give X Year or Detes: 1 ☐ Never Merried 2 ☑ Merried Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: White Specify: þ 3 Widowed 4 Divorced Completed 18a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Bueiness/Industry Elementary/Secondary (0-12) College (1-4or 5+) 11 0 Office Manager Food 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) B Dewey Fisher Delma Willey 19a. Intormant'a Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) Ollie H. Layton/ Husband Post Office Box 333, Hurlock, MD. 21643 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 Burial 2 Cremation 3 Removal from Stete 4 Donation 5 Other (Specify) Important: If it any injury or o once. Unity-Washington Cem. 6/17/97 Huulock, MD. 21. Signature # Funeral Service Licenses 22. Name and Address of Facility Williamson Funeral Home, Federalsburg, MD 23a. Part1. Enter the disease, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one ceuse on each line. Approximate Injervel Between Onset and Death Physician Immediate Cause (Final disease or condition resulting in death) /Medical PULMONARY Examiner Due to (or as a consequence of): Physician/Medical Examiner インレナックしる physician and the burial-transit requires that the death certificete be executed Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of) Box 68760. Due to (or es e consequence of): 980 Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ 24b. Were autopsy tindings 24a. Wes an eutopsy performed? aveilable prior to completion of cause of death? certificate has 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was cese reterred to medicel examiner? Be 26. Place of Death (Check only one) Hospital:

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

30-218

Hospital

after death Director:

After this

24 hours

To the Hosp within 24 ho To the Fune completely fi

State Registrar

Certification: To

29b. Signalure and title of certified

5 Pending Investigation

6 Could not be determined

1 | Yes 2 | No

27. Manner of Death

2 Accident

3 ☐ Suicide

29a. Certifier

4 Homicide

(Check only one)

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. License number

1 Certifying Physician: To the best of my knowledge, death occurred at the tima, date and place, and due to tha cause(s) and manner as stated.

28c. injury et Work?

1 ☐ Yes 2 ☐ No

29d. Dete signed (Month, Day, Year)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

Other: 4 Nursing Home 5 Residence 8 Other (Specify)

28d. Describe how injury occurred

30. Name and address of person who completed ceuse of death (Item 23a) (Type, Print)

D 38353

560 Riverside Dr. Salisbury, MD 21801 Desmarais 31. Date filed (Month, Day, Year)

2 ER/Outpetient 3 DOA

28e. Place of Injury - At homa, tarm, street, tactory, office building, etc. (Specify)

32. Registrar's Signeture Habi Devolear Rawfall

1 Inpatient

28a. Date of Injury (Month, Day Year)

and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s 

State of Maryland / Department of Health and Mental Hygiene 20262 Amend #19a,6/18/97,BMW,Montg.Co Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Physician Month BROOKS MILLINGTON 11:59 PM JUNE /Medical 4a. Facility Name (If not institution, give street and number) 4h City Town or Location of Death 4c. County of Death **Examiner** Holy Cross Hospital Silver Spring Montgomery If Under 1 Yaar | If Undar 24 Hrs. | 8. Date of Birth (Months | Days | Hours | Min. | (Month, Day, 5. Social Security Number 7. Aga (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days 1 □ M 2 🖾 F 84 124-03-4175 Yrs 1912 Director South Carolina Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28s-f shor traumstic avent, the Medical Examiner must be notified at 1 ☐ Yes 2 No Director MD Montgomery Silver Spring the 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? Silver Spring USA 3832 Bel Pre Road Apt 4 Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give Yaar or Dates: Was Decedent of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - Amarican Indian, Black, Whita, etc. filed within 72 hours after Hygiene. 1 ☐ Navar Married 2 ☐ Married  $\mathcal{C}_{\mathcal{A}_{\mathcal{L}_j}}$ Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🗓 No Specify: Black þ 35 Widowed 4 □ Divorcad Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry permit. Pages 1 and 2 should be filed within 7; Department of Health and Mental Hygiene. Important: If Item 27 is merked other than "na any injury or other traumetic avent, the Medic 2008. (Give kind of work done during most of working life. DO NOT use retired) Alcohol Beverage College (1-4or 5+) Elementary/Secondary (0-12) File Clerk Control 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be Benjamin Brooks Bessie Washington 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Dorothy L. Brooks 3832 Bel Pre Road, Silver Spring, MD 20906 20b. Place of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 X Burial 2 Cremation 3 Removal from State 6/12/97 Bronx, New York 4 ☐ Donation 5 ☐ Other (Specify) Woodlawn Cemetery 22. Name and Address of Facility Francis J. Collins Funeral 21. Signature of Funeral Service Licensee 500 University Blvd. West Home, Inc. reun Silver Spring, MD 20901 23a. Part 1. Enter the disease, or demplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician onary Vascular Risease /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Examiner burial-transit The law requires that the death certificate be executed Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Diseasa or Injury that initiated events resulting in death) Last and Due to (or as a consequence of): physician s the burial-P.O. Box 68760 Physician/Medical Due to (or as a consaguence of): attending ŏ Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? ate has been signed by page 2 should be datach 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records. þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed 212No 1 Tes 1 Yas 2 No certificate To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifics (completely filled in by the funeral director; 25. Was case referred to medical Be 26. Place of Death (Check only one) examiner? Other: 4 Nursing Home 5 Residence 8 Othar (Specify) 3 DOA 1 Yes 2 No 2 1 Inpatient 2 ER/Outpatient 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 27. Manger of Death 28d. Describe how injury occurred 28b. Time of Certification: Natural 2 Accident 5 Pending Investigation 1 ☐ Yes 2 ☐ No 6 Could not be 3 Sulcida 28f. Location (Straet and Number or Rural Routa Number, City or Town, State) 28e. Placa of Injury - At home, farm, straet, factory, office building, etc. (Specify) 4 Homicide 12 Certifying Phyeician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) Completed cause of death (Nem 23a) (Type, Print)
162 MD 3720 FARRAGUT AVE KENS (NGTON M 32. Register's Signature

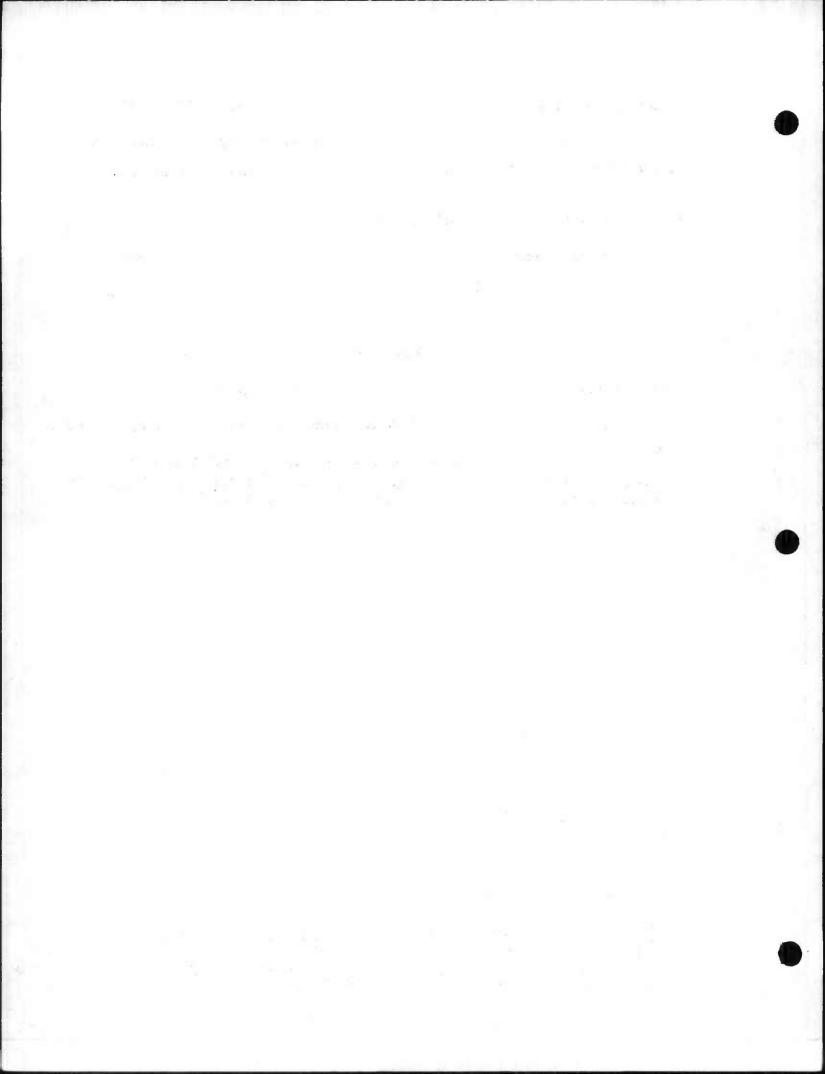
**DHMH 16 Rev 6/95** 

State Registrar

State of Maryland / Department of Health and Mental Hygiene 97 20263

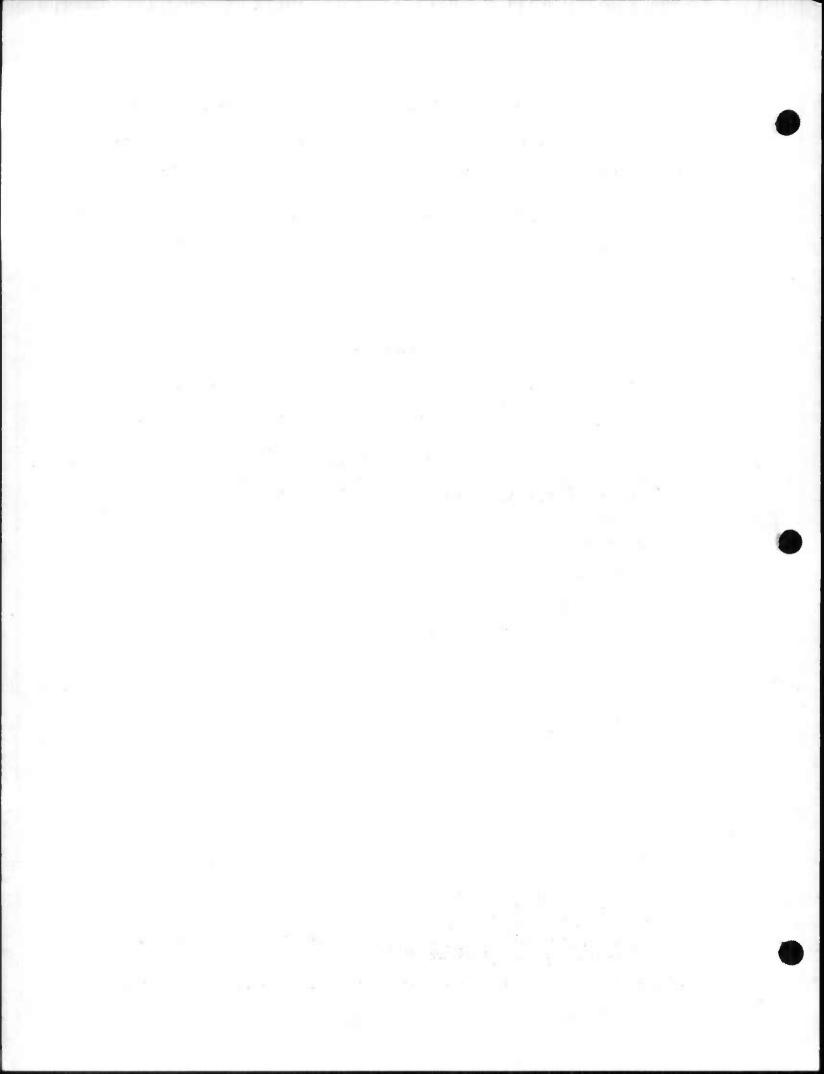
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П	Physic	ian	Decedent's Name (First, M.							2. Date of Dea Month		Year	3. Time o	of Death
J	/Medi		Sabina E. Mo							June	17	1997	1:5	5 am
	Exami	ner	4a. Fecility Name (If not institu		mber)					Location of Death	4c. Count	ty of Deeth		
	STATE OF		Holy Cross Ho	-			Milhadaad		ilver S			tgomer	·/	
8	Funerai Director		5. Social Security Number 579–76–2859	6. Sex 1 ☐ M 2 🛣 F	7. Age (In yrs. It 86	Yrs.	If Under 1 Months	Days	If Under 24 Hrs. Hours Min.	8. Date of Birtl (Month, Pay Aug. 1,	1910	9. Birthpl Count Nicar	lace (State try) agua	or Foreign
	inyland show		Usual Residence of Decedent 10a. Stata 10b. Cou		10c. Clty	, Town or Lo	cation					10	Od. Inside C	
	Ba-f s	cto	MD Mont	gomery	Sil	ver Sp	oring						1 ☐ Yes	s 2 <b>K</b> No
	or 2	Dire	10e. Street end Number				10f. Zip C	Code			l0g. Citizen of	What Count	try?	
	23a	100	10146 Suther1				2090	)1				USA		
21215-0020	72 hours after death with the Maryland natural; or items 23s or 28s-1 show deal Examiner must be notified at	by Funeral Director	11. Marital Status  1 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Married 2 Never Ma	If Yes Giv	adent Ever in U, orces? 2 (X) No /e ates:	S. 13. V	Was Decede f Yes, specify I X Yes 2			pecify Yes or No- o Ricen, etc.)	14. Ra Bla Speci	ica - America ack, Whita, e iny: Whi	etc.	
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	2 should be filed within and Mental Hygiana. Is marked other than " aumatic event, the Me	S	4			Homen	naker				Own He			
Maryland	tal H d off	Be	17. Father's Name (First, Midd	lle, Last)						ne (First, Middle,	Maidan Surna	me)		
3	Mer Mer	To	Juan Morales						Maria N					
Mai	12 st h and ls n raun		19a. Informant's Name/Retation	onship (Type, Print)						ral Route Numbe			Code)	
	permit. Pagas 1 and 3 Department of Health Important: If Itam 27 I any Injury or other tr. 2005.		Rosa Jimenez  20e. Method of Disposition		20h BI	10146	Suth	erla	nd Road	, Silver			2090	)1
20			1 XBuriel 2 Cremetic	n 3 Removal from	State 200. Pi	ace of Dispos emetery, crem	natory or oth	er place,		Date	20c. Location	- City or Tox	wn, State	
altimore,	permit. Page Department of Important: If any Injury or once.		4 Donetion 5 Other	* * * * * * * * * * * * * * * * * * * *	Gate	e of H	eaven	Cem	etery 6	/20/97	Silver	Sprin	g, MD	,
Bal	Department of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the service of the ser		21. Signature of Funeral Servi	ce Licansee		Hc Hc	Name and	Address DC.	of Fecility Fra	ancis J. iversity	Collin	ns Fun	eral	
	00 = 0 O		Machange	l~		Si	lver	Spri	ng, MD	20901		West		
			23a. Part1. Enter the disease shock, or heart failure. L	or complications that c lst only one cause on e	aused tha death ach line.	. Do not ante	ar the mode	of dying,	such es cardiac	or respiretory err	est,		Approxima Interval Be	ate atween
	Physician /Medicai		Immediate Cours (Final	C		1.0	110	3 . 1	Ta	111	0.		Onset and	Death
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	death certificata be axecuted e attending physiclan and of for usa as tha bunal-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	1	Due to (or	es e consequ	uenca of):					1	ree	us
68760,	siclar siclar		Cause (Disease or injury that initiated events	C							7	<u> </u>		•
89	tificate ig phy as the	Medical	resulting in death) Last	1	Due to (or	as e consequ	uence of):							
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m	eath ce attendii for usa	cla	Dort II. Other standings as a sea	141										
0		Physician/	Part II. Other eignificant cond	Contributing to de	O not resul	iting in the un	ideriying cau	use given	In Pert I.		bacco uee co		1	
S, D	ned t	by P	Honu	Tung	Q	1		2	٠, ١	1 Y	ee 2□No	3 Prob	ably 41	Unknown
of Vital Records	een s	Completed b	Acuti	lives	F	eu	w	2		24a. Was a perform		con	re autopsy lieble prior apletion of	to
Re	Tha law ata has b paga 2 s	m/									~		leath?	
tal	ician: Th certificata rector, pag	Ö	25. Was casa raferred to medi	cal					NA DI ( D	1 Y		1 1 1	Yes 212	No
5		0 8	examiner?	Hospital:	npatient 2 E	ER/Outpatient	3□ DOA	Other		th (Check only or		(0/4)		
		<b>-</b>	27. Manper of Death	28a. Date d	of Injury 2	28b. Time of		c. Injury a Work?		ome 5 Reside			/	
0	oding I th. : Aftar a funar	of le	1 Avatural 5 ☐ Pen-	ding (Monti stigation	h, Day Year)	Injury	М		s 2 🗆 No					
Division	or Attanding aftar death. Director: Aftai in by the funa	Hice	3 ☐ Suicide 6 ☐ Cou	mined 200. Flaca	of Injury - At hon		at, factory, c	office		28f. Location (Si		ber or Rural	Route Nur	nber,
Ö	a affa	Certification:	4 Homicida	buildir	ng, etc. (Specify)	)				City or Town	n, State)			
	Hospital     24 hours a     Funeral istaly filled		29a. Certifier 1 Certifi	ring Phyaician: To the	best of my know	riadge, death	occurred at	tha time	date and placa,	and due to the ca	ause(s) and m	annar as ste	ated.	
	To the Hospital or Attano within 24 hours aftar daati To the Funeral Director: completaly filled in by tha	edical	(Check only 2 ☐ Medic one)	al Examiner: On the ba end mann	isis of examination	on and/or inv	estigation, In	n <i>m</i> y opir	ion, death occur	red at the time, d	ata end place,	and due to	the causa(	s)
	To the To the comple	×	29b. Signature and title of certi	fier CA (CC	) ^	1'1)	29c. L	License r	number L	2	9d. Date signe	d (Month, E	ay, Year)	
	2		30. Name and address of person	VM IQ	of death (ttors	11	Print C	20	018	MONE	un	17,	19	9/
			PADHEY	MU	ARK	A	36	0	CICVII	LIC	N	1 7	-10	

State Registrar



State of Maryland / Department of Health and Mental Hygiene 97 20264

					Ce	rtificate o	f Death		Reg. No.		
Dhoode		1. Decedent's Name (First, Middle,	Last)					2. Date of De	eath	Voca	3. Time of Death
Physicia: /Medica		Mary Vi	rginia S	chantz	McClar	en		June	18, 199	Year 7	8:15 AM
Examine		4a. Facility Name (If not institution, g	give street end num	n <i>ber)</i>			4b. City, Town, or				0113
		Rockville Nursi	ng Home				Rockvil	le	Mon	tgome	ry
uneral		5. Social Security Number 6		7. Age (In yrs.	lest birthday)	if Under 1 Yea				9. Birthpi	ece (State or Foreig
rector		263-63-2684	1□ M 2점 F	83	Yrs.	Months Day	s Hours Min.	Sept. 2	24, 1913	Penns	sylvania
		Usual Residenca of Decedent  10e. State 10b. County		10c. Ci	ty, Town or Lo	ocation				10	0d. Inside City Limits
a pa	ō	Florida Palm F	leach			y Beach					1⊠Yes 2□No
soical Examiner must be notified at	Funeral Director	10e. Street and Number	,cacii		Della.	10f. Zip Code			10- 02	140-1-0	
20	ō	1717 Homewood	Rlvd			3344			10g. Citizen of		
1	erai			dent Francis III	10 10				United		
ig .	Š	11. Marital Status	12. Was Dece Armed For	rces?		if Yes, specify Co	f Hispanic Origin? (S uban, Mexican, Pu <i>e</i> r	to Rican, etc.)		ca - Am <i>e</i> rica ck, White, e	
	by	1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorcad	1 □ Yes If Yes, Giv Year or Da	е		1□ Yes 2☑N	o Specify:		Specif	y: Whi	10
1		15. Decedent's		1185.	16a Daga	dentia Hauni Oca	upation	-0-01	10h Kind of D		
Medical	Completed	(Specify only highest of	rede completed)		Give	dent's Usual Occ kind of work dor	upation ne during most of wo red)	rking	16b. Kind of B	usiness/ind	lustry
	E C	Elementary/Secondary (0-12)	College (1	-4or 5+)		nemaker	160)		Own H	ome	
		12 17. Father's Name (First, Middle, Le	et)				19 Mothar's No.	ma /First Middle	, Meiden Surnen		
event,	Be	Frederick Milton	•	7						110)	
F	ို							Mae Kno			
		19a. Informent's Name/Retationship		0			et end Number or R				
	-	Mary Virginia Mc( 20a. Method of Disposition	Jaren Da	004 5	Name of Diame	neiting /Alama of	rs Lane, I	-			20853
		1 ☑ Burial 2 ☐ Cremation 3	□Removai from S	Stata	cem etery, crei	metory or other p	lece) June 2	Date 1997	20c. Location	- City or For	wn, State
once.		4 □ Donation 5 □ Other (Spec	**	Gr		11 Cemen					nnsylvani
DUCe.		21. Signature of Funeral Servica Lic	ensee		R	Shame and Add	Pumphrey	Funera	1 Home/R	lockvi	lle, Inc.
a		Karns to	me	M0019	8	300 West Rockvill	Montgome Le, Maryla	ery Aven	ue 50-2805		
		23a. Part1. Enter the disease, or co shock, or hear failure. List on	mplications that ca	aused the deat							Approximate interval Between
ian	1		.,	2011 11110.							Onset and Death
al		Immediate Cause (Finel disease or condition	Rest	irator	v Fail	ura					24 Hours
er		resulting in death)	a. KCOP		or as a consec						24 hours
_1	ě		Obst			onary Di	SPASP				20 Years
1	Examiner	Sequentially list conditions	b		or as a consec	1				4	LO ICAIS
ú	Ĭ,	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying			101111111111111111111111111111111111111						
1	edicai	Cause (Disease or injury that initiated events	C	Due to (o	r as a conseq	uence of):				1	
3	2	resulting In death) Last									
datached for use as the burial-transit			d								
Q 0	Physician	Part II. Other significant conditiona	contributing to de	ath but not res	ulting in the u	nderlying cause	niven in Part I	23h Did	tobacco use co	ntribute to	the cause of death
BC I	2					in the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of th	g. va. va. v.				ably 4 1 Unknow
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	Сощріете							perfe	ormed?	con	npletion of cause
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director,		25. Wes case referred to medical examiner?	Hospital:				26. Place of Dea	ath (Check only	one)		
		1 Yes 2XNo	1 U ir		ER/Outpatier	II SLI DOA		1	denca 8 Oth		)
9 1 4	0	27. Menner of Death 1 ☑Natural 5 ☐ Pending		n, Dey Yeer)	28b. Time of Injury	W		28d. Describe	how injury occur	red	
i	<b>≃</b>	2 Accident Investigati 3 Suicide 6 Could not	he				□Yes 2□No				
5	S		d 286. Place	of Injury - At he g, etc. (Specif		eet, factory, offic	a	28f. Location ( City or To	Street end Numb wn, Stete)	per or Rurel	Route Number,
	LILICS	4 ☐ Homicide determine									
and in		4 ☐ Homicide determine			udadaa daath	n occurred at the	time, date and place	, and due to the	cause(s) and ma	anner as sta	ated.
		4 ☐ Homicide determine  29a. Certifier 1 ☐ Certifying F	hysician: To the b	pest of my kno sis of examine	tion end/or Inv	vestigation, in my	opinion, deeth occu	rred at the time.	date and plece.	and due to	the cause(s)
and in	edical	4 ☐ Homloide determine  29a. Certifier (Check only one)  1 ☑ Certifying P 2 ☐ Medical Ext	hysician: To the banking: On the banking:	pest of my knosis of examine er stated.	tion end/or In	vestigation, in my		rred at the time,	date and piece,		the cause(s)
i	edical	4 ☐ Homicide determine  29a. Certifier 1 ☐ Certifying F	Physician: To the baminer: On the ba	pest of my knosis of examine er stated.	tion end/or Inv	vestigation, in my	nse number	rred at the time,	date and plece, 29d. Date signe	d (Month, E	the cause(s) Dey, Year)
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by the funer	Medical	29a. Certifier (Check only one)  29b. Signature and title of countries	o completed cause	sis of examine er stated.  STUC	G M n 23a) (Type,	29c. Lice	nse number		date and plece, 29d. Date signe June 19	d (Month, E	the cause(s) Dey, Year)
fune	Medical	29a. Certifier (Check only one)  29b. S aparture and title of country  30. Name and address of person who	o completed cause  1. D. 50	sis of examine er stated.  STUC	con end/or Inv	29c. Lice Print) On Drive	D07471		date and plece, 29d. Date signe June 19	d (Month, E	the cause(s) Dey, Year)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month P. McTighe June 14, 1997 8:45 AM 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 108 Monroe Street, Apt. 201 Rockville Montgomery If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) 1⊠M 2□ F Months Deys Hours 74 Yrs Nov. 21, 1922 Pennsylvania Usual Residence of Decedent 10b. County 10c. City, Town or Location 10d. fnside City Limits 1 Yes 2 □ No Montgomery Rockville 10f. Zip Code 10g. Citizen of What Country? 108 Monroe Street, Apt. 201 20850 United States 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☑ Yes 2 ☐ No World 14. Race - American Indian, Bieck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 ☐ Yes 2 No Specify: Specify: 3 Widowed 4 Divorced White Year or Dates: War II 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry College (1-4or 5+) 5+ Eiementary/Secondary (0-12) Professor University 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) Thomas F. McTighe Agnes Hanlon 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Timothy P. McTighe/ Son 402 Beall Avenue, Rockville, Maryland 20850 20b. Place of Disposition (Name of cemetery, crematory or other place) June 19,1997 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Arlington National Cemetery Arlington, Virginia 21. Signature of Funeral Ser 22. Name and Address of Fecility Robert A. Pumphrey Funeral Home/ Rockville, Inc. 300 West Montgomery Avenue, Rockville, Maryland 20850-2805 MQ0689 ase, or complications that caused it. So ath. Do not enter the mode of dying, such as cardiac or respiratory arrest, e. List only one cause on each line. Approximate Interval Between Onset end Death Respiratory Failure Immediate Due to (or as a consequenca of) Electrolite Imbalance Weeks Due to (or as a consequenca of): Carcinoma of the head of the pancreas 10 Months Due to (or as a consequenca of): Pert II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an eutopsy performed? 1 ☐ Yes 2 ☒ No 1 Yes 2 No 25. Was case referred to medical 26. Place of Death (Check only one) Other: 4 ☐ Nursing Home 5 ☑ Residence 6 ☐ Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of Injury (Month, Day Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury at Work? 5 Pending 1 Yes 2 No Investigation 6 Could not be determined 28e. Place of Injury - At home, ferm, street, factory, offica building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 15 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end placa, and due to the cause(s) and menner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of ogsitts 729c. License number 29d. Date signed (Month, Day, Year)

D02338

Randelle

9801 Georgia Avenue, #109, Silver Spring, MD 20902

June 14, 1997

death with the Maryland permit. Pages 1 and 2 should be filed within 72 hours after Department of Health and Mentel Hygiane. Important: If tem 27 is marked other than "natural", or its may injury or other treumatic event, the Mexical Examine page. Maryland 21215-0020 Baltimore,

**Physician** 

**Examiner** 

**Funeral** 

Director

show

item 27 is marked other than "natural", or items 23e or 28a-f show other traumatic event, the Medical Examiner must be notified at

/Medicai

Thomas

10a. State

Maryland

10e. Street and Number

20a. Method of Disposition

Immediate Cause (Final disease or condition resulting in death)

Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initieted events resulting in death) Last

1 Yes 2 No

27. Menner of Death

1 Naturel

2 Accident

3 Sulcide

29a. Certifier

4 Homlcide

(Check only one)

30. Neme end address of person who completed cause of death (Item 23a) (Type, Print)

1997 32. Register's Signature

Richard P. Delaney, M.D.

Directo

Funeral

þ

Completed

Be

5. Social Security Number

196-03-3281

**Physician** /Medical Examiner

Examiner

Physician/Medicai

by

Completed

Be

2

Certification:

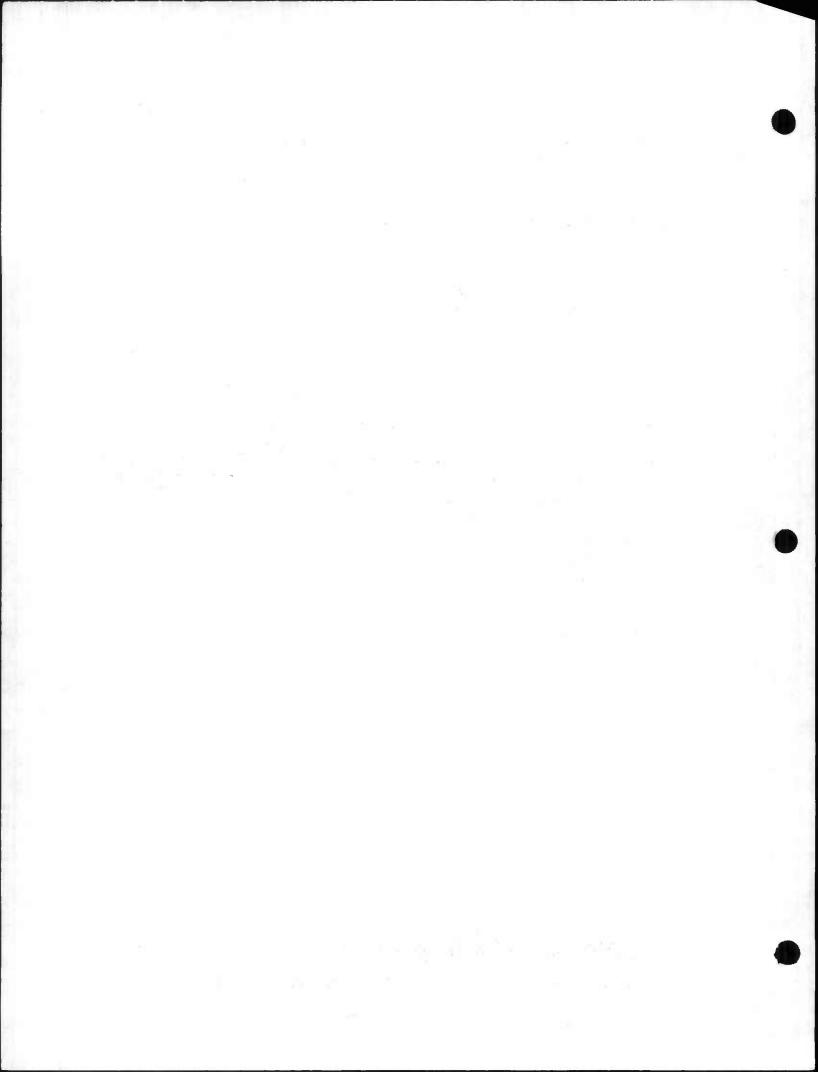
Medical

The law requires thet the death certificate be executed and the burial-tran Box 68760. attending physician as been signed by the a 2 should be detached t Division of Vital Records, P.O. hes page . Aftar this certificate or Attending Physician: death. In by tha completely filled

To the Hospital or Attendi within 24 hours eftar death. • To the Funerel Director: A

State

0 K



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death De **Physician** JUN 14 1997 EDWARD ROSS MILLER 4:37 PM /Medical 4e. Fecility Neme (If not Institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner NATIONAL NAVAL MEDICAL CENTER BETHESDA MONTGOMERY | Months | Days | Hours | Min. | S. Dete of Birth (Month, Dey, Year) | Oct. | 30,1913 5. Sociel Security Number 7. Age (In yrs. last birthdey) Birthpiece (State or Foreign Country) **Funeral** Months 83 Yrs 196-10-9425 Director Pennsylvania Usuel Residence of Decedent The Maryland 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits "natural", or items 23s or 28s-f show stical Examiner must be notified at VA Fairfax Mc Lean 1 ☐ Yes 2 No Director 10e. Street and Number 10f. Zio Code 10g. Citizen of Whet Country? WITH 6251 Old Dominion Dr. 22101 USA Funeral death 12. Wes Decedent Ever In U,S. Armed Forcas? 1 ☑ Yes 2 □ No If Yes, Give Yeer or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, 11. Meritel Stetus Bleck. White, etc. permit. Pages 1 and 2 should be filed within 72 hours after. Department of Health and Mental Physiene. Important: if learn 27 is merked other than "natural", or its 1 Never Merried 2 Merried Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🗓 No Specify: Specify: White þ 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) 12 U.S. navv US Government 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Be Josephine Ross Charles L. Miller P 19e. Informent's Neme/Reletionship (Type, Print) 19b. Melling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Sarah M. Miller 6251 Old Dominion Dr., Mc Lean, VA 22101 20b. Piece of Disposition (Neme of cemetery, cremetory or other piece) Dete 6-27-97 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriei 2 ☐ Cremetion 3 ☐ Removel from Stete injury or Arlington National Cemetery Arlingtn, VA 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Liq 22. Name end Address of Fecility Arlington Funeral Home 3901 N. Fairfax Dr., Arlington VA 22203 the disease, or complications that cause it is a deeth. Do not enter the mode of dying, such as cardlec or respiratory errest, allure. List only one cause on each line. Approximete interval Between Onset and Deeth Physician immediate Cause (Finel disease or condition resulting in deeth) /Medical MULTI SYSTEM ORGAN FAILURE Examiner Due to (or es e consequence of): Examiner physician and the burial-transit The lew requires that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Last Due to (or es e consequence of): Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or es e consequence of) USB 88 1 attending p signed by the a d be detached f Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown þ should ! 24b. Were autopsy findings avellable prior to completion of cause of deeth? Completed 24e. Wes en autopsy has page 1 ☐ Yes 2 No 1 N Yes 2 No certificate or Attending Physician: 25. Wes case referred to medical axeminer? Be 26. Place of Deeth (Check only one) Hospitei: 1 ∑ Inpatient Other: 4 Nursing Home 5 Residence 8 Other (Specify) 1 ☐ Yes 2√☐ No P 2 ER/Outpatient 3 DOA this 28e. Dete of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? 28d. Describe how injury occurred Certification: After 1 (XNeture! 5 Pending Investigation n 24 hours after death.

• Funeral Director: After bletely filled in by the fun 1 Yes 2 No 2 Accident 8 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 3 ☐ Suicide Piece of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide Hospital 1 💢 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, and due to the cause(s) and manner as stated. edical 29e. Certifier To the Hosp within 24 hor To the Fune completely fi 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated. (Check only one) 29b. Signetury and title of partille 29c. License number 29d. Date signed (Month, Dey, Year) 12 0101-048471 (VA)

WD

1997. Registrats signeyere. Juna Davidson-Randson

30. Neme and eddress of person who completed cause of death (Item 23e) (Type, Print)

AFZAL ABDULLAH, LT, MC, USN

31. Dete filed (Month, Dey.) 19

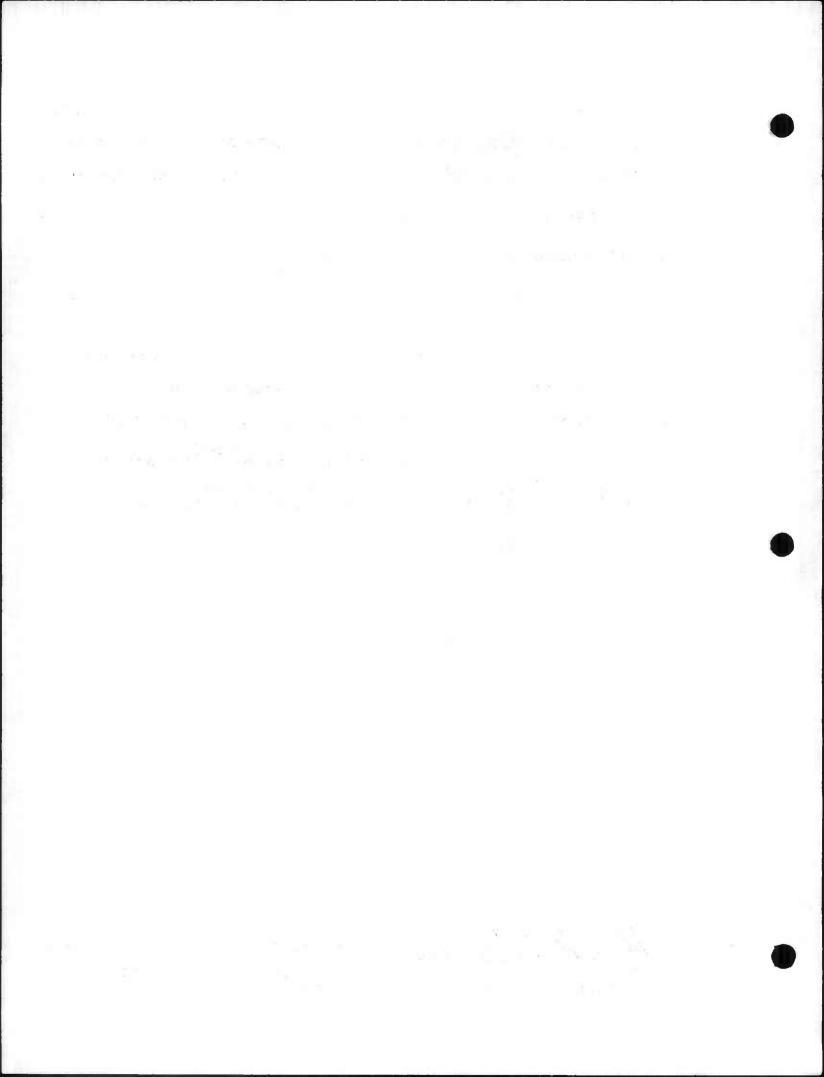
16

CENTER

NATIONAL NAVAL MEDICAL

BETHESDA MD 20889-5600

State Registrar



97-3272-031 jhm MARGITO MAR

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97

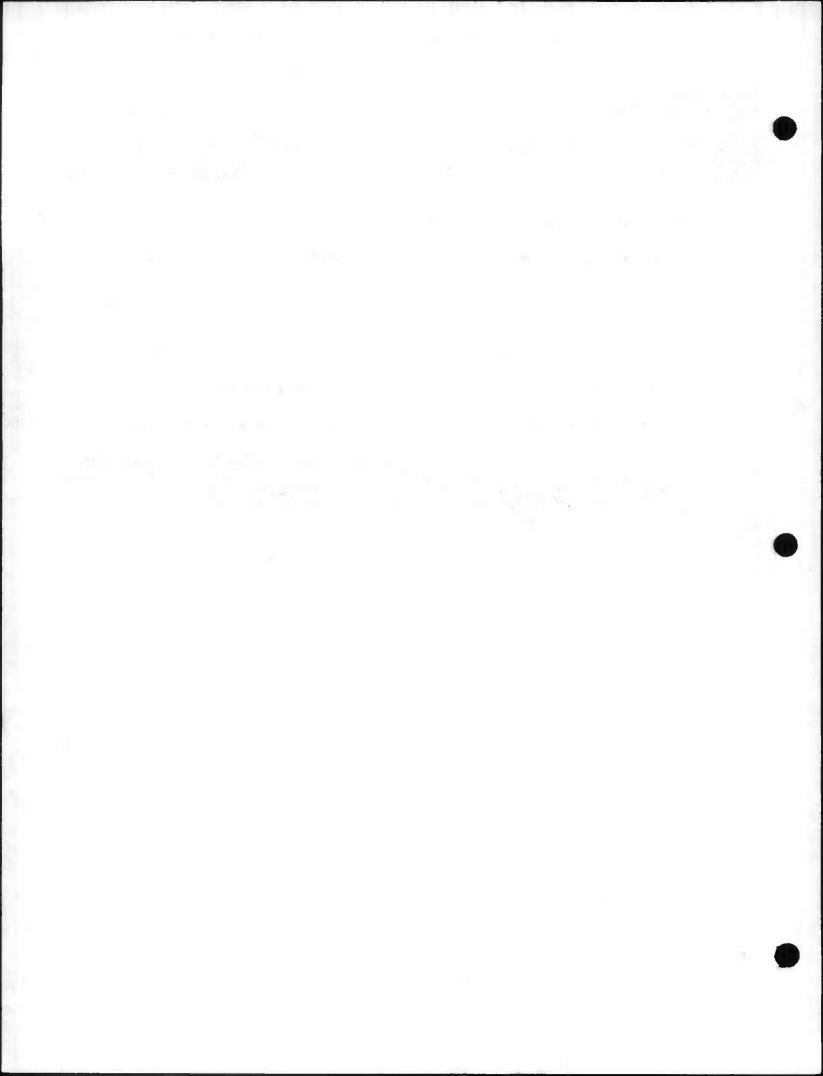
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Tel	NEZ					Certificate of	f Death	R	eg. No.	ton Co ton Co
		·	1. Decedent's Name (First, Middle, L	ast)				2. Date of Deat	h	3. Time of Death
	Physic /Medi		MARGARIT	) A.	MARTINE	2		JUNE	14, 19	97 21:18 PM
	Exami		4a. Facility Name (If not institution, gl	ve street and number)			4b. City, Town, or	Location of Death	4c. County of	
				OAD AND A			ROCKVI		MONTG	
	Funeral Director			Sex 7. Aga 1∭ M 2□ F	(In yrs. last birti	hday) If Under 1 Yea Months Days				Birthplaca (Stata or Foreign Country) EL SALVADOR
	the Maryland 28a-f show notified at		10a. Stata 10b. County		10c. City, Town	or Location				10d. Inside City Limits
	r 28a-f show	ţō	MD. MONTG	OMERY		ROCKVILLE				1 XYes 2 No
	or 28s	i ec	10e. Street and Number			10f. Zip Code		10	0g. Citizen of Wha	at Country?
	death with ms 23s or	ai D	4801 BEL PR	E RD.		20	853		EL SA	LVADOR
		Funeral Director	11. Marital Status	12. Was Decedent E Armed Forces?	ver In U,S.	13. Was Decedent of	Hispanic Origin? (	Specify Yas or No-	14. Race -	American Indian,
21215-0020	6 6	by	1 X Navar Married 2  Married 3  Widowed 4  Divorcad	1 Yes 2 No.	0		Specify:	SALVADOR:		White, etc. HISPANIC
5-0	72 net	Completed	15. Decedent's E (Specify only highest gi	ducation	16a.	Decedent's Usual Occi (Give kind of work don	upation		16b. Kind of Busin	ness/Industry
21	12 should be filed within 72 ho h and Mental Hygiene. 7 is marked other than "natur traumatic event, "na Medical	npie	Elementary/Secondary (0-12)	Collega (1-4or 5-	F)	life. DO NOT use retir	red)	nkiig .		
1	ygier yer th	S	12			LABOR				TRUCTION
Maryland	s 1 and 2 should be filed if Health and Mental Hyg Itam 27 is marked othe other traumatic event,	Be	17. Father's Neme (First, Middle, Las	10.75				me (First, Middle, M	Maiden Sumame)	
7	Men Men mrke	2	JUAN A		RES		E	CLIGIA I	E. MAI	RTINEZ
Mar	2 sh and Is m		19e. Informent's Name/Relationship			Mailing Address (Stree			, City or Town, St	ata, Zip Code)
	1 and Health am 27		SANTIAGO M. RODI	RIGUEZ/BROT	7.	SAME AS	ITEM #1			
0	Peges 1 nent of H int: If its		20a. Method of Disposition 1 X Burlal 2 ☐ Cremation 3 [	Removal from State	cemeter)	Disposition (Neme of crematory or other pi	(ace)	Date	20c. Location - Cit	y or Town, State
tim	tmen tant:		4 ☐ Donation 5 ☐ Other (Speci		SAN C	ARLOS CEME	TERY	6/21	TECOLUCA	, EL SALVADOR
Baltimore,	permit. Peges 1 and Department of Health Important: If itam 27 any injury or other trong.		21. Signature of Funeral Service Lice	nsea	2	22. Name and Add	ress of Facility			00010
	70780		N.N. Cho		M00091					SPRING,MD.
п			23a. Part1. Enter the disease, or con shock, or heart failure. List only	polications that caused to one ceuse on eech line	tha daath. Do n	ot enter tha mode of dy	/Ing, such as cardia	c or raspiratory arre	est,	Approximate Intervel Between
	Physician									Onsat and Death
1	/Medical Examiner		Immediete Cause (Final disease or condition resulting in death)	· Huu	TIPUS	TWONES				
		-	1650king in Geatty		Due to (or as e c	CO. C. C. C. C. C. C. C. C. C. C. C. C. C.				+
-	led isit	Examiner	hanna a sa	b						
	icate be executed physician and s the burial-transit	xar	Sequentially tist conditions, if any, leading to immediate cause. Entar Undarlying Cause (Disease or Injury that Initiated events	C	Due to (or as a c	onsequence of):				
68760,	be e ician buni		cause. Entar Undarlying Cause (Disease or Injury	c						
587	certificate be nding physicia use as the bur	edicai	resulting in daath) Last	D	ue to (or as a co	onsequanca of):				
×	eath certifica ettending ph I for use es t	2		d						
Box	death e etter ed for u	ciar	5.0.60							
0	that the death cer ed by the ettendir deteched for use	Physician/	Part II. Other significant conditions	contributing to death but	t not resulting in	the underlying cause g	liven in Pert t.			ibuta to the cause of death?
9	es that igned b	by P							BE ZLTNO 3	☐ Probably 4 ☐ Unknown
Records,	been s	Completed b						24a. Wes e		24b. Were autopay findings available prior to completion of cause
Re	The law ate has b	m d						18/Y	• 🗆	of death?
a	delan: The		25. Wes case referred to medical							Ner 2□ No
Vital		o Be	examiner?  YE Yes 2 No	Hospital:	4 TENO.		Whor:	eath (Check only on		COUNTY
of	Physral d	): To	27. Manner of Death	1 ☐ Inpatien 28a. Date of Injury	28b. Ti	patient 3L DOA	4 LI Nuising	Home 5 Reside	w injury occurred	· · · · · · · · · · · · · · · · · · · ·
O	ding th.	tior	1 □ Naturat 5 □ Pending investigation	(Month, Dey		jury W	ork? ⊒Yas 2∐No	DISDUST	MIDN C	Much By
Division	or Attending I after death. Director: After I in by the funer	Certification:	3 Sulcide 6 Could not b	28e. Place of Injur	ry - At home, far	m, street, fectory, office	8	28f. Location (St	reet and Number	or Rural Routa Number,
Ö	afte Dire	er	4 Homicide determined	building, etc.	(Specify)	<i>M</i>		City or Town		onery co mo
	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral		29a. Certifier 1 Certifying Pl	yaician: To the best of	my knowledge,	death occurred et the	time, date and plac	e, and due to the ca	ause(s) and mann	er as atated.
	ne Hc n 24 ne Fu sieteit	Medical	(Check only Madical Example)	miner: On the basis of e and manner state	examination and	or Investigation, in my	opinion, death occ	urred at the time, da	ate and ptace, and	due to the cause(a)
	To th To th	ž	29b. Signature and titla of certifier	h 1		29c. Licar	nse number	2	9d. Data signed (i	Month, Day, Year)
	3		Mounte (	Dreet, 12	) (	W OC	CME		JUNE 15	, 1997
-			30. Name end eddress of person who	completed cause of de	eth (Item 23a) (	Type, Print)				
			MARINAMAN	1.11ms	. 11	1 Penn St	reet, E	Baltimor	e, Mary	yland 21201

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# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Ce	rtificate	e of	Death			Reg. No.			
		1. Decedent's Neme (First, Middle	, Last)							2. Dete of De	ath	111	3. Time of Death	
Physic		Bernice 0	Keefe	Mallac	k					Month			11:20 AM	
/Medi Exami		4e. Facility Neme (If not Institution	, give street end numbe	er)				4b. City, To	own, or Lo	ocation of Deet		1.6	111,000	
		2138 Applies	Tring L	000			<	Silve	1	Prince	ma	200	more	
Funeral		5. Sociel Security Number			t birthday)	If Under		If Under	24 Hrs.	9 Date of Bir	th	9. Bifth	plece (Stete or Fereign	
Director	_	220-07-7879	1□M 250F	80	Yrs.	Months	Deys	Hours	Min.	Dec. 2	I, Year) 917	Mary	land	
pue *-		Usuel Residence of Decedent  10e. Stete 10b. County		10c. City.	Town or Lo	ocation							10d Inside City Limits	
e Meryl	Director	Maryland Montg	Middle, Last)  O'Keefe Mallack  ifution, give street end number)  O'Keefe Mallack  ifution, give street end number)  O'Color Last birthde 80 Yrs.  Integrated 10 M 20 F 80 Yrs.  Integrated 11 M 20 F 80 Yrs.  Integrated 12. Was Decedent Ever in U.S.  Armed Forces?  I 1 Yes, Give Yeer or Detes:  Integrated 12. Was Decedent Ever in U.S.  Armed Forces?  I 1 Yes, Give Yeer or Detes:  Integrated 12. Was Decedent Ever in U.S.  Armed Forces?  I 1 Yes, Give Yeer or Detes:  Integrated 12. Was Decedent Ever in U.S.  Armed Forces?  I 1 Yes, Give Yeer or Detes:  Integrated 13. Armed Forces?  I 1 Yes, Give Yeer or Detes:  Integrated 14. Detection 15. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16. Deceded 16	ver S	pring									
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th wi	a	2138 Apple Tree	Lane			2	209	04			USA			
dea T	Funeral	11. Meritel Stetus	12. Was Deceder	nt Ever in U,S.	13.	Was Decede	ent of I	Hispenic Or	igin? (Sp	ecify Yes or No Rican, etc.)	- 14. Re			
IVE, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours efter death with the Meryland if Heelth and Mental Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examiner must be notified at	by	1 ☐ Never Merried 2 ☐ Marri 3 🔯 Widowed 4 ☐ Divorced	ed 1 Tes 2 lif Yes, Give	No.		1 □ Yes 2				rican, etc.)		iha		
21215-0020 d within 72 hours ef giene. rr than "natural", or its Words Exerci	Be Completed	(Specify only highes	's Education t grade completed)		16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired)					ing	16b. Kind of Business/Industry			
Han Han	E	Elementery/Secondery (0-12)	Elementery/Secondery (U-12) College (1-4or 5+)							Edu	antio	n		
Ther in	ပိ	17. Fether's Neme (First, Middle, I						Mother's Neme (First, Middle, Meide						
Maryland 212: nd 2 should be filed within th and Mental Hygiene. 77 Is marked other then traumatic event, from	To Be	William O'Keefe				Edna Harding						ille)	14)	
sho of s		19e. Informent's Name/Reletionsh	nip (Type, Print)		19b. Maili	ng Address	(Street	t end Numb	er or Run	el Route Numb	er, City or Tow	n, State, Zip	Code)	
Te, M		Gerald Mallack	/ Son		1424	6 Long	g Gr	reen I	rive	, Silve	er Spri	ng, M	aryland 209	
of He		20e. Method of Disposition		0.000	e of Dispo	sition (Nem	e of her ole	ice)	i	Dete	20c. Location	- City or To	own, Stete	
		4 □ Donetion 5 □ Other (Sp		0				-	7 6	/14/97	Brentwo	od. N	Marvland	
Baltim pemit. Peg Department Important: I any Injury o		21. Signeture of Funeral Service L	Icensee	/	1			_	1			-		
n saffa		11800 New Hampshire Avenue												
	6	23e, Pert1. Enter the disease, or	complications that ours	ed the death				-				-	Approximate	
Dhyalaian		shock, or heert failure. List of	only one ceuse on each	line.			, o. o, .		901000	or respiredery e	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Intervel Between Onset end Deeth	
Physician /Medical		Immediete Ceuse (Finel				,					1.10.11	2		
Examiner	П	diseese or condition resulting in death)	· SmA	cc c	ELL	- CF	1120	CIN	omi	9076	Curaca	-		
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be executed sicien and buriel-transit	Examiner	0	- b 5 M									1		
owec on en riel-tr	Exa	Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury												
X 03/0U, ertificate be executed sing physicien end se es the buriel-trensi	cal													
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at the d by the etecher	Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert II.								١.					
es that igned i	by P				_					12	105 2010	0_110	Jebry 4 Onknown	
The law requires that the deeth on the law requires that the deeth on the hes been signed by the ettency page 2 should be deteched for us	D D										en eutopsy	24b. W	ere eutopsy findings	
w require been si should	Completed									perfo	completion of			
The law ate hes page 2 :	E C										Va. 20-11			
Vital		25. Wes case referred to medical										11	Li Yes 2t No	
Physician: rthis certific	o Be	exeminer?	Hospitel:				Oth	han		h (Check only				
Phys ref di	1: To	27. Menner of Death	1 Inpatient 2 EH/Outpatient 3 DOA 4 Nu							sing Home 5 Presidence 6 □Other (Specify)  28d. Describe how injury occurred				
Attending in death.	Certification:	1 ☑Neturel 5 ☐ Pending	(Month, E	Sey Year)	Injury	М		rk? ]Yes 2□		250. Describe now injury occurred				
OVINISION OF VITAL  or Attending Physician: The effer death.  Director: Affer this certificate in by the funeral director, page.	fica	3 Suicide 6 Could not be								28f Location (Street and Number or Rural Boute Number				
or At effer of Direct	T a	4 Homicide			0, 101111, 041	cot, rootory,	011100			City or To	wn, Stete)			
To the Hospital or within 24 hours efte To the Funeral Dir completely filled in	O O	29a. Certifier 12 Certifying	Physician: To the bes	at of my knowle	dge, deeth	occurred e	t the ti	me, dete en	d pleca,	end due to the	cause(s) end n	nenner es s	stated.	
the Ho hin 24 I the Fu	edical	(Check only 2 Medical E	xaminer: On the basis	of exemination	end/or in	vestigetion, i	in my o	opinion, dea	th occurr	ed et the time,	Dey Yeer 2			
within To th	Σ	29b. Signature end title of certifier												
		Very D. Harshy MD 1035965							5				7	
15		30. Neme end eddress of person v	the completed source of	death (Item 2	3a) /Tune	Print)	) (	) / ~	2 0	HIN	ov all	ly n	10282	
		DAUCO B. H	no completed cause of	MD.	34	11 OCA	MI	10001	101	4603	ch 10 2	1604	7	
Sta	ate	31. Dete filed (Month, Day Yeer)	t											
Regist		JUN1	8 1997	rar's Signatur	bon-A	indelle								



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RNOLD		State of Maryland	/ Department of Health and	Mental Hygiene 97	2026
IASON	Items:23a part I,II,27 per MEO	7/11/97 dh	Certificate of Death	Reg. No.	2020.
	Decedent's Name (First, Middle, Last	)		2 Data of Death	3 Time of De

Physician
/Medical
Examiner

**Funeral** Director

death with the Maryland than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at filed within 72 hours efter

altimore, Maryland 21215-0020 7 is marked other traumatic event, i Pages 1 end 2 should be innent of Health and Mentel I nt of Health a : If item 27 is or other tra permit. Page Department of Important: If any Injury or once.

> **Physician** /Medicai

Examiner

the buriel-tran certificate be exec P.O. Box 68760. physician 98 use jo signed by the e Division of Vital Records, ete hes been s page 2 should certificete To the Hospital or Attending Physician: within 24 hours efter deeth.

To the Funeral Director: After this certifica completely filled in by the funeral director,

Death Month Day Year ARNOLD LYDELL MASON JUNE 17,1997 1545 P 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death 106 N. CARROLLTON AVE. BALTIMORE 8. Data of Birth (Month, Day, Year) DEC. 28, 1 5. Social Security Number 6. Sex NØM 2□ F If Undar 1 Yaar If Under 24 Hrs. Birthplaca (Stata or Foreign Country)
 VIRGINIA 7. Age (In yrs. last birthday) Months Days Hours Min. 230-04-7397 Yrs. 35 1961 Usual Rasidence of Decedent 10a. State 10b. County 10c. City. Town or Location 10d. inside City Limits NYes 2 No Director MD BALTIMORE, MD 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 28216 106 N. CARROLLTON AVENUE UNITED STATES Funeral Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puarto Rican, etc.) 11 Maritai Status 12. Was Decedent Ever in U.S. 14 Race - American Indian Armed Forces?

1 Yas 24 No
If Yes, Give Black, White, atc. Navar Married 2 Married 1 Ves XNo Specify Specify: 2 BLACK 3 Widowed 4 Divorced Year or Datas: Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT usa retired) 15. Decedant's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collaga (1-4or 5+) 11 LABORER COSMETIC MANUFACTURER 17. Father's Name (First, Middla, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be BAILEY THOMAS MASON BEATRICE CARRINGTON 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code) JEANETTE M. RODDEY - SISTER 905 CLIFTON MEADOW DRIVE - MATTHEWS, NC 28105 20a. Method of Disposition 20b. Place of Disposition (Nama of cemetary, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Othar (Specify) CROSS ROADS CHURCH CEM. 6/22/97 TURBEVILLE, VIRGINIA 21. Signature of Funeral Service Liopnsaa 22. Name and Addrass of Facility CENTRAL VIRGINIA FUNERAL SERVICE P. O. BOX 26528 - RICHMOND, VA 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failura. List only one cause on each lina. Approximata Intarval Batween Onset and Death Immediate Cause (Final CIRRHOSIS disaasa or condition Due to (or as a consequence of): Sequentially list conditions, if any, laading to immediate causa. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequenca of): Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the undarlying causa given in Part f. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown DIABETES 24b. Ware autopsy findings available prior to completion of cause of death? 24a. Was an autopsy 1. Yes 2 □ No 1 Yes 2□ No

Examiner Physician/Medical Certification: Medical

ð Be 2

25. Was case rafarred to medical examiner? 1 Yas 2 No 27. Mannar of Death 1 KNatural

29a. Certifian

(Check only one)

5 Pending investigation 2 Accidant 3 Suicide 6 Could not be determined 4 Homiclde

28a. Date of Injury (Month, Day Year)

1 Inpatient 2 ER/Outpatient 3 DOA 28b. Tima of

28c. Injury at Work? 1 ☐ Yes 2 ☐ No 28e. Place of Injury - At home, farm, street, factory, office bullding, atc. (Spacify)

Other: 4 Nursing Home 5 🕅 Residence 6 Other (Specify) 28d. Describe how injury occurred

26. Place of Death (Check only one)

28f. Location (Streat and Number or Rural Route Number, City or Town, State)

29b. Signature and title of certifier

29c. License numbar OCME

1 Certifying Phyalcian: To tha best of my knowledga, death occurred at the time, date and placa, and due to tha cause(s) and mannar as stated.

Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and mannar stated.

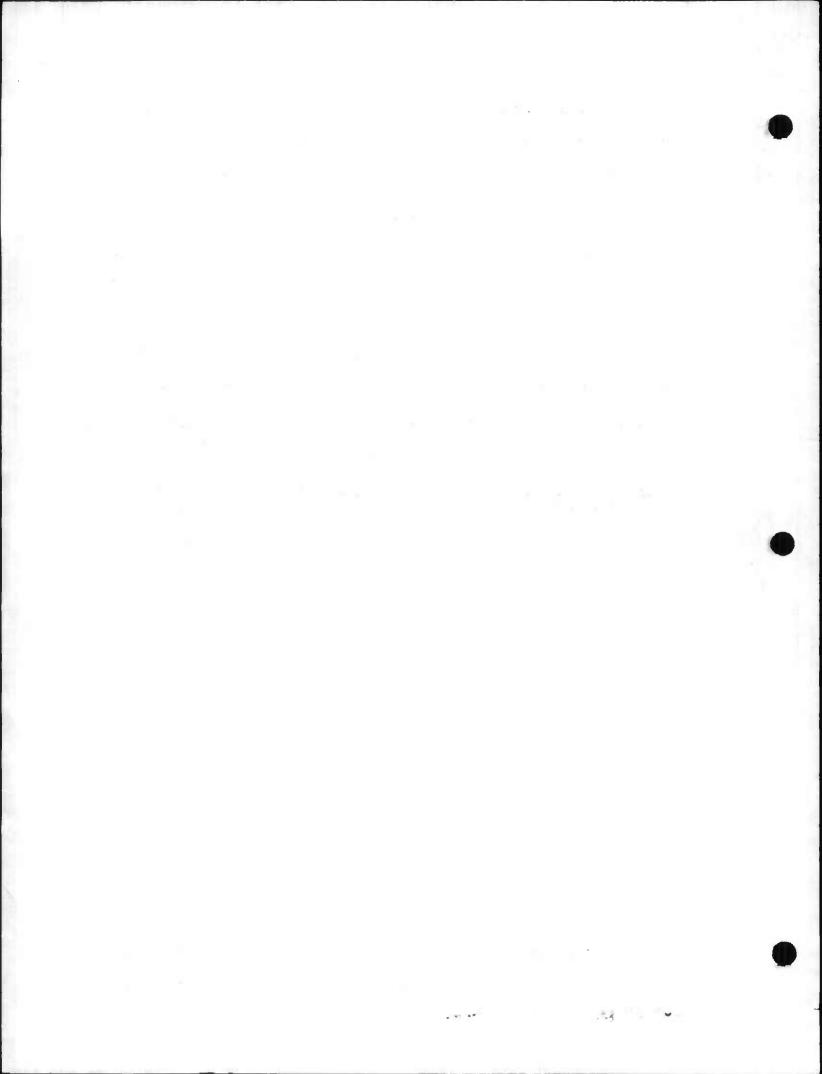
29d. Date signed (Month. Dav. Year) JUNE 18,1997

30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print)

S. Radrutz, moll1 Penn Street, Baltimore, Maryland 21201 Stephen filed (Month, Day, Year)

State Registrar

Talia davelar Rochall



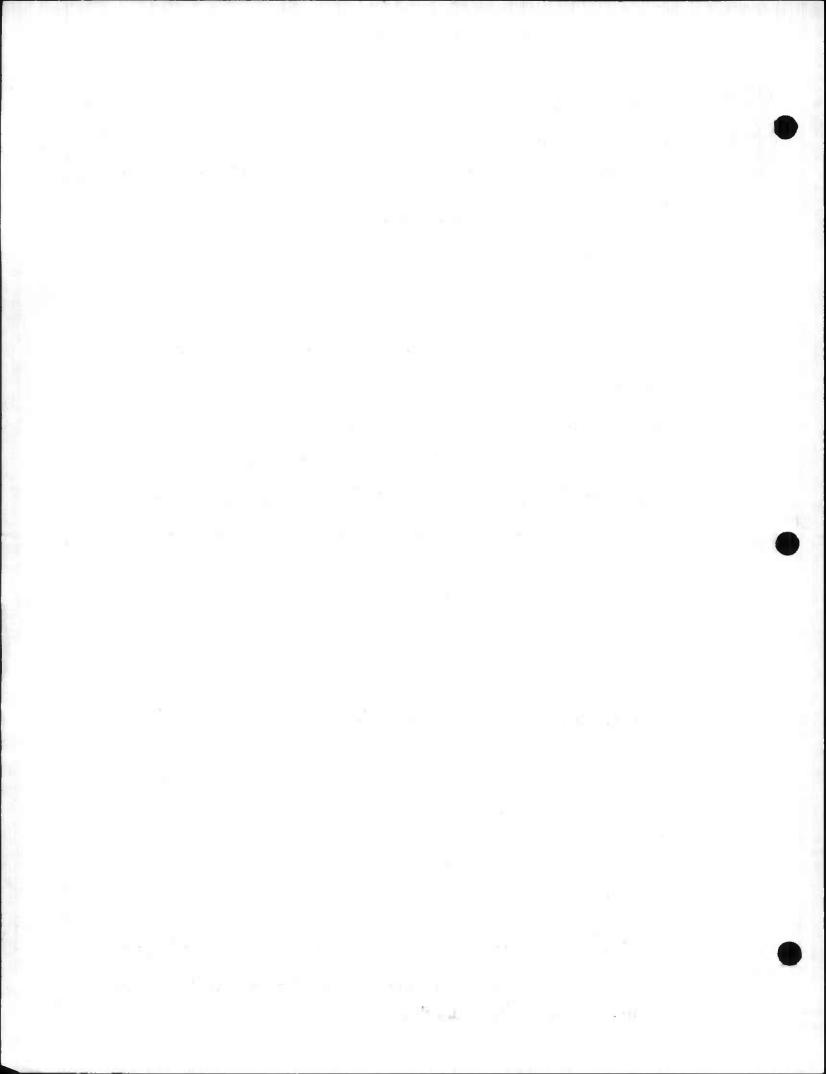
State of Maryland / Department of Health and Mental Hygiene 97 20270

Certificate of Death

		Certificate of Death Reg. No.													
Physicia /Medica		1. Decedent's Name (First, Middla, Last)  Marion M. Madison								Month Day Year			3. Tima of Death 19:30		
Examine		4a. Facility Name (If not institution, give street and number)  Anne Arundel Medical Center						4b. City, Town, or Loc Annapolis					inty of Death ne Arundel		
Funeral Director		5. Social Security N 230-20-8	8865	Sex 1□M <b>X</b> XF				ear ays	If Under 2 Hours	24 Hrs. Min.	8. Date of Bi	rth 4.925	9. Birthplace (State on Country) Washington		
Maryland f show	ō	Usual Residence of 10a. State VA	Decedent 10b. County Fairfax	r	10c. City, Town or Location  Alexandria						1	0d. Insida City Limi			
th with the Maryla 23a or 28a-f sho	Director	10e. Street and Number 10f. Zip Co											itizen of What Country?		
or items	by Funeral	11. Marital Status	ied 2 Married	12. Was Dec Armed Fo 1  Yes If Yes, Gi	12. Was Decedent Ever In U.S. Armed Forces?		Vas Decedent of Hispanic Orlgin? (Specify Y. Yas, specify Cuban, Mexican, Puarlo Rican,  ☐ Yes 2☐ No Specify: No						can Indian, etc.		
d within 72 hours plene. r than "natural",	Completed		15. Decedent's E	ade completed)	cation 16a. Deci (Giv   life.			ccupa one d	ation during most	of worki	ing	16b. Kind of Business/Industry			
nd 2 should be filed within the end Mental Hygiene. 27 is merked other than 'r traumatic event, the Me	Be Com	Elementary/Seco 12			College (1-4or 5+) Prope			ty Manager  18. Mother's Name (First, 1)				U.S. Gov't			
should be nd Mental marked o	LOB	Walter 1	Mortimer	Type, Print)	roe, Print) 19b. Mailing Addres			Ruth Hillary ss (Street and Number or Rural Route Number,					r City or Town State 7in Code)		
Health er Health er Iam 27 is other trau	-		Madison		Same as #						Data	20c. Location			
permit. Pages 1 and 2 Depertment of Health e Important: If Item 27 is any Injury or other tra ange.		4 Donation	5 ☐ Other (Speci	fy)	Removal from Stata  Metropolitan			rematory 6/16/			/16/97	7 Alexandria,VA			
pemit. Depertrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrimportrim		21. Signature of Funeral Service Licensee  22. Name and Address of Facility Robert E. Evans Funeral Home, Inc. 16000 Annapolis Rd. Bowie, MD 20715													
hysicia	rymedical Examiner	Immediate Cause (disease or condition resulting in death)  Sequentially list confirmers, leading to incausa. Enter Undeceuse (Disease or that initiated events resulting in death) I	nditions, nmediate rhying injury		Typotens Due to (or	as a consec	uence of): uence of):							Approximata Intervel Between Onset and Death  2 days:	
requires thet the death	y Physic		Lalenca		ntributing to death but not resulting in the underlying cause given in Pert I.  Prabetu Melletu						23b. Did tobacco usa contribute to the 1 ☐ Yes 2 DeNo 3 ☐ Probable			bably 4 Unkno	
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ystcient: The law is certificate has be director, page 2 s	o o	25. Was case refere	red to medical							of Death	1 ☐	Yas 2) No	1[	Yes 2□ No	
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the Hospi thin 24 hou the Funer mpletely fil	edical	29a. Certifler (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete and place, and due to the cause(s) end menner es steted. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner stated.													
with Com	Ξ							29c. License number 29d.  29 38958 6				29d. Date sign	d. Date signed (Month, Day, Year)		
10/		30. Name and address of person who completed cause of death (Hem 230) (Type, Print) Daget Singh Sidhu MD, 1413 Annapolu Road #106, oderton MD 21113													

Registrar

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Reg. No. 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Elizabeth С. Mack 1:00 A.M. June 1997 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Manor Care Largo Prince George's Largo If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number 7. Age (In yrs. lest birthday) Birthpiece (Stete or Foreign Country) **Funeral** Deys 1□M 2□F 215 46 2752 93 Director Vrs April 10,1904 Maryland Usuel Residence of Decedent the Maryland 10a Stete 10b. Count 10c. City, Town or Location 10d. Inside City Limits itam 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner maint be not lised at 1√Nes 2□No Director Prince George's Maryland | Bowie 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 15210 Old Chapel Road 20715 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 14. Race - American Indien, Bieck, White, etc. Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes ※ No If Yes, Give Year or Dates: 1 Never Married 2 Married Baltimore, Maryland 21215-0020 "natural", or 1 ☐ Yes 2 No à Specify: White 3√Widowed 4 □ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry permit. Pagas 1 and 2 should be filed within? Department of Health and Mental Hygiane, important: If item 27 is marked other than any injury or other traumatic event. Eiementary/Secondery (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Melden Sumeme) Be William N.Daisey Sr. 2 Mary Beall 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 15210 Old Chapel Road Bowie Maryland 20715

20b. Place of Disposition (Name of cametery, cremetory or other place)

Dete 20c. Location - City or Town, State William N.Daisey III Nephew 20a. Method of Disposition ty⊠Buriei 2 ☐ Cremetion 3 ☐ Removei from State June 12, 1997 Brentwood Maryland 4 ☐ Donetion 5 ☐ Other (Specify) Fort Lincoln Cemetery 22. Name end Address of Fecility Robert E. Evans Funeral Home, Inc. 16000 Annapolis Rd. Bowie Maryland 20715 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feiture. List only one cause of each line. Approximete Intervei Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in death) Congestive Examiner Due to (or es e consequence of): that the death cartificate be axecuted burial-transit Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in deeth) Lest and Due to (or es e consequence of): P.O. Box 68760, physician Physician/Medicai tha Due to (or es e consequence of): Pert ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 2 1 Yes 2 No 3 Probably 4 ☐ Unknown Records, þ 24e. Wes en eutopsy performed? 24b. Were autopsy findings eveileble prior to completion of cause of deeth? Completed has 1 ☐ Yes 1 TYPE 2 No. cartificata Division of Vital Hospital or Attanding Physician: 24 hours after death. 25. Wes case referred to medical Be 26. Place of Deeth (Check only one) 1 Yes 2 No Other: Nursing Home 5 Residence 6 Other (Specify) 10 1 ☐ inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Menner of Deeth

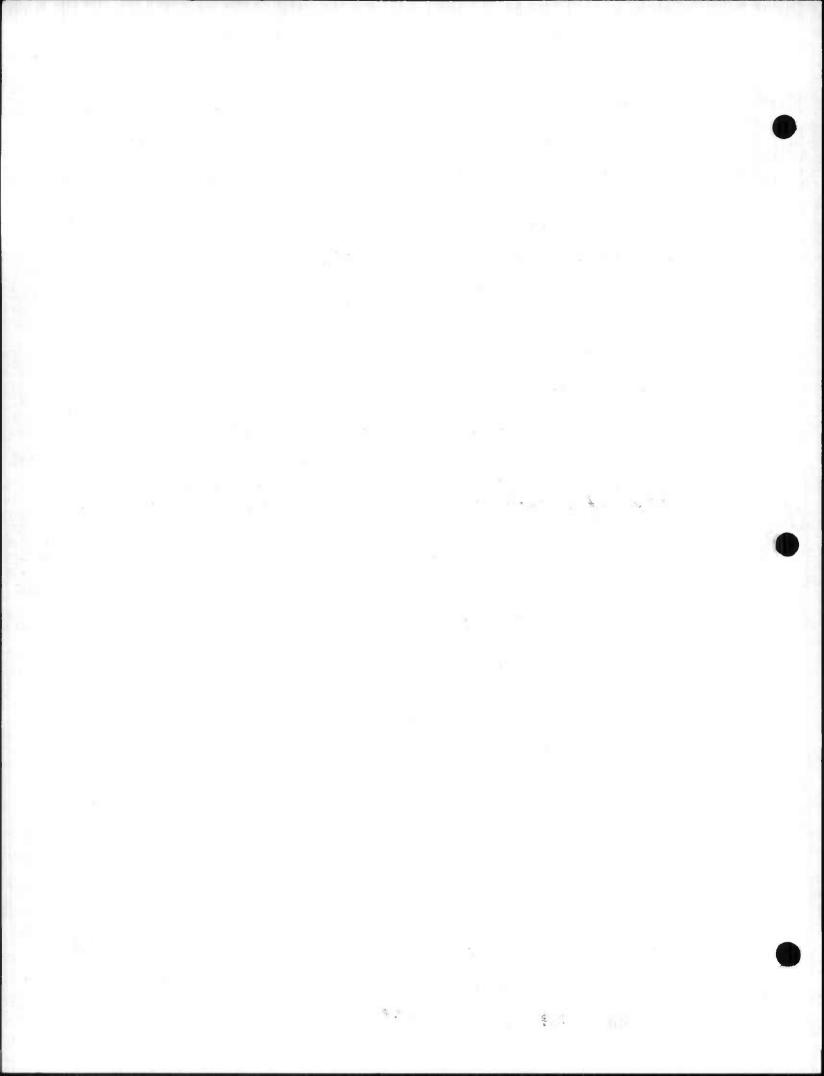
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2 \sum Accident 28e. Dete of Injury (Month, Dey Year) 28c. tnjury et Work? Medical Certification: 28b. Time of 28d. Describe how injury occurred After 5 Pending Investigation s after death.

I Director: Aft
d in by the fur 1 Yes 2 No 3 Suicide 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Piece of injury - At home, ferm, street, factory, office building, etc. (Specify) 4 D Homicide To the Hospital of within 24 hours a To the Funeral C Certifying Phyeicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred et the time, date end piece, end due to the cause(s) end menner steted. 29e. Certifier 29b. Signature end title of certifie 29c. License number 29d. Dete signed (Month, Dey, Year) D42049 30. Name and eddress of person who completed clause of deeth (Item 23e) (Type, Print) Upper Manlboro MD 20772 HAMPALOUX Hlain 31. Dete filed (Month, Day, Year) 32. Registrer's Signeture State Shi Studior Rodal

**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene 97 20272

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	s thet th	aned by se detac	y Ph	Trackosto	ny amo	d Gastnoston	State	1 1 You	20 No 3	☐ Probably 4 ☐ Unknown
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24a. Wes an eutopsy performed?  24b. Were autopsy tinding aveileble prior to completion of cause of death?  1 Yes 2 No	a w	has be	mple							completion of cause of death?
		ficata or, pag		OF Man area referred to market					200	1 ☐ Yes 2 ☐ No
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27. Menner of Deeth 28a. Dete of Injury (Month, Day Year) 28b. Time of Injury 15 Naturel 5 Pending 28c. Injury et Work? 28c. Injury et Work?	- B	neral neral			28a. Dete of Injury	28b. Time of 28c. Inju	iry et			
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27. Megner of Deeth 1 Solicide 2 Accident 3 Suicide 4 Homicide 28a. Dete of Injury 28b. Time of Injury 3 Work? 1 Yes 2 No 28b. Time of Injury et Work? 1 Yes 2 No 28c. Injury et Work? 1 Yes 2 No 28c. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred 28d. Describe how injury occurred	tal or At	ed in by	Certif	determined	28e. Plece of Injury - , building, etc. (Sp	At home, farm, street, fectory, office pecify)				or Rurel Route Number,
25. Wes case referred to medical examiner?  1	He Hospin	Ne Funer Sletely fill		Check only Z Madical Examina	ir: On the basis of exar	knowledge, death occurred et the ti minetion end/or investigation, in my	ime, dete end plece opinion, deeth occu	, end due to the ceus gred et the time, dete	se(s) end menn e end plece, end	er es steted. d due to the cause(s)
29b. Signature and the of certifier 29c. License number 29d. Dete signed (Month, Dey, Year)	# F	Comp	Σ	29b. Signature and the of certifier	0 4	1 0 a 29c. Licen	se number	29d	. Dete signed (	Month, Dey, Year)
	<b>⊢</b> }									/ . 9
THE KILL MONY D20108 6/12/9- 30. Name and eddress of person who completed cause of deeth (Item 23e) (Type, Print) RAKESHAROLA MD 14300 GALLANT FOX LN, BOWIE MD20715	7			Ka KUS	· Wic	0/14 D	701	08	6	12/97

State Registrar 31. Dete filed (Month, Day, Year)
JUN 18 1997

32 Pegistrar's Signature

Months

64

7. Aga (In yrs. last birthday)

Days

2. Dete of Death JUNE

Nov 19

3. Tima of Death 15, 1997 1224 P.M.

9. Birthplaca (Stata or Foreign Country) West Virginia

10d. Inside City Limits

1 TY Yas 2 □ No

4e. Facility Name (If not institution, giva street and number)

4b. City, Town, or Location of Death

CAMP SPRINGS

If Under 1 Yaar If Undar 24 Hrs. 8. Data of Birth Months Days Hours Min. (Month, Day,

4c. County of Death PRINCE GEORGE

1932

Bad physician the buria 8 gribnette 980 2 detached rigned by 8 Deen ate has page 2 報 unecal After d or Attendin after death. Director: Att

/Medical Examiner **Funeral** Director the Marylend 7 is marked other than "natural", or items 23s or 28s-f show traumatic event, the Modical Examiner must be nothlised at Director N/A with Funeral death 2 should be filled within 72 hours after one Mental Hygiene. Is marked other than "natural", or its Baltimore, Maryland 21215-0020 þ Completed Be 2 permit. Pages 1 end 2 sh Depertment of Health end Important: If Item 27 is m any Injury or other traum **Physician** /Medical Examiner Examine Box 68760 Physician/Medical Division of Vital Records, P.O.

þ Completed Be To Certification:

1. Decedent's Nama (First, Middla, Last) TORRENCE NMT MALCOLM GROW MEDICAL CENTER 5. Sociei Security Number 1 X M 2 □ F 233-52-7494 Usuai Rasidence of Decedant 10a. Stata 10b. Count N/A 10e. Street and Number 3050 Q Street, S.E. 11. Marital Status 1 Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced 15. Decedant's Education (Specify only highast grada complated) Elemantary/Secondary (0-12) Coilage (1-4or 5+) 17. Fathar's Nama (First, Middla, Last) Ralph Malone 19a. Informant's Name/Relationship (Type, Print) Joan Malone 20a. Mathod of Disposition 1X Buriel 2 ☐ Cramation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Othar (Specify) ul Funaral Sarvice Lig 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Immediata Causa (Final disaasa or condition resulting in daath) Sequentially list conditions, if any, laading to Immediata causa. Entar Underlying Causa (Disaasa or Injury that initiated events rasulting in death) Last

Washington, D.C. 10f. Zip Code

Yrs

10c. City, Town or Location

20020 United States 13. Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.)

14. Race - American Indien, Bieck, Whita, atc.

16b. Kind of Business/Industry

Specify: Black

10g. Citizen of What Country?

1 ☐ Yas 2 🗓 No

16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired)

Military

Air Force Retired

18. Mother's Nama (First, Middla, Maldan Surname)

Ruth Fidler

(wife)

19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 3050 Q Street, S.E. Washington, D.C. 20020 20c. Location - City or Town, Stata Dete

20b. Placa of Disposition (Nama of cematary, cramatory or other place)

Lincoln Memorial Cemetery 6/19/97 Suitland, Maryland 22. Nama end Addrass of Facility

ALEXANDER S. POPE FUNERAL HOMES

5538 Marlboro Pike, Forestville, Md.

20747 Approximata Intarvai Between Onset end Death

20 MINUTES

UNKNOWN

ASYSTOLIC ARREST

Dua to (or as a consequence of):

ACUTE MYOCARDIAL INFARCTION

M859

Dua to (or es e consaguance of):

GASTROINTESTINAL BLEED

Dua to (or as a consequence of):

UNKNOWN

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 N Unknown

24e. Was en autopsy performed?

26. Piaca of Death (Check only ona)

24b. Wara autopsy findings availabla prior to completion of cause of death?

No No 1 ☐ Yas

1 Yes XX No

25. Was case rafarred to medical axaminer? XBYYas 2 No 27. Mannar of Death

5 Pending Invastigation

Hospital: 1 ☐ Inpatiant 28a. Data of Injury (Month, Day Year) 6 Could not be datermined

ER/Outpatient 3□ DOA

28e. Placa of Injury - At home, farm, streat, factory, office building, atc. (Specify)

Other: 4 Nursing Homa 5 Residence 6 Other (Specify) 28c. Injury at Work? 1 Yas 2 No

28d. Dascribe how injury occurred

29a. Cartifiar (Check only one)

2 Accident

4 Homicide

3 ☐ Suicida

Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. Licansa number

29b. Signature and title of cert

29d. Data signed (Month, Day, Year) JUNE 15, 1997

94-278552-1205 UT

CRAIG P. PATTEN, CAPT, USAF, MC

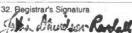
ANDREWS AFB, MD

30. Nama and address of person who complated causa of death (Itam 23a) (Type, Print) 89 MDG / 1050 W PERIMETER RD SUITE C1-7 20762-6600

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

31. Data filed (Month, Day Yaar)

JUN 19



DHMH 16 Rev 6/95

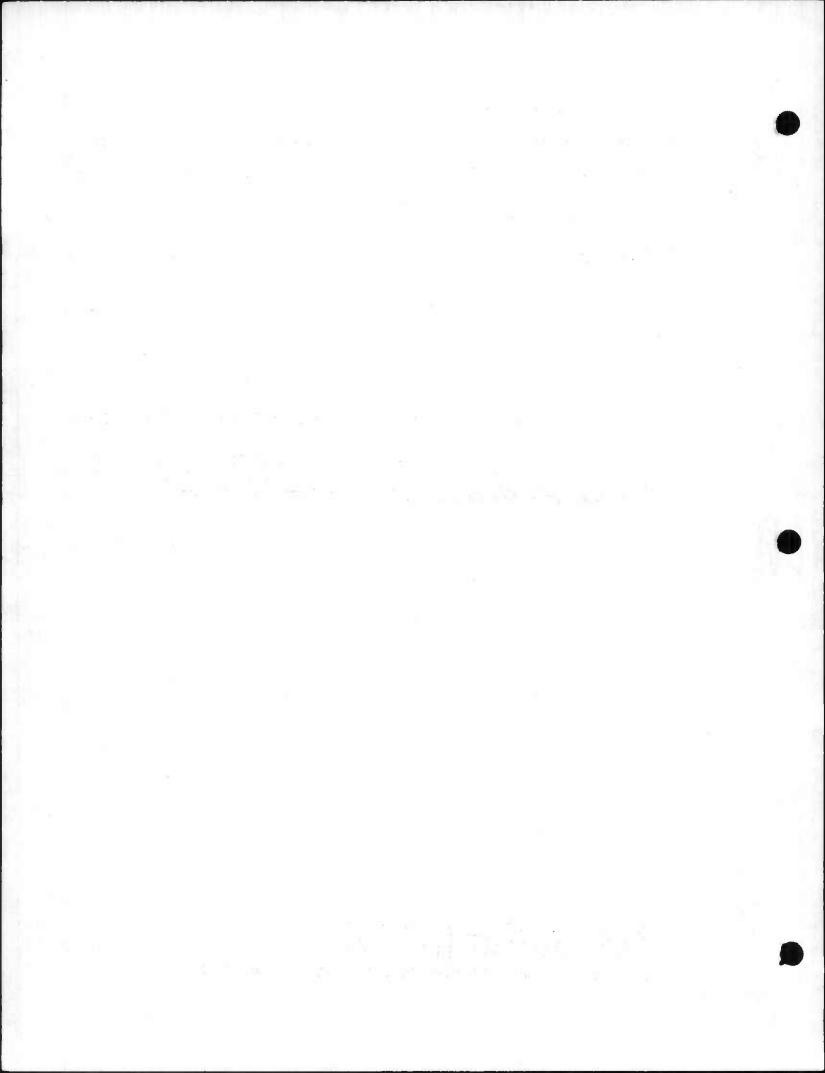
Registrar

To the Hospital of within 24 hours a To the Funeral D

1.65%

State of Maryland / Department of Health and Mental Hygiene 97 20275

_						Certificate	of	Death			Reg. No.		
П	Dhuele		1. Decedent's Name (First, Middle, La	est)						2. Date of De Month	alh	Vons	3. Time of Death
J	Physic /Medi		Elsie Ma	rie Mean	S						18, 199	7	8;05 A
	Exami		4a. Facility Name (If not institution, given					4b. Cify, To	wn, or L	ocation of Deal	4c. Count	y of Death	
L	100		15758 Livingston	Road				Accol	keek		Princ	e Geo	rge
	Funeral Director			Sex 7. Age (	n yrs. lest birthe	Months	Year Days	If Under Hours	24 Hrs. Min.	8. Date of Bir (Month, De May 3,	y, Year)		place (Stete or Foraign htry) hington, ]
	Maryland a-f ahow	tor	10a. Slata 10b. County MD Prince		Oc. City, Town of							1	0d. Inside City Limits
	th with the 23a or 28	al Director	10e. Street and Number 15758 Livingston	Road		10f. Zip 0	ode 206	07			10g. Citizan of		es of Ame:
21215-0020	72 hours effer death with the Maryland "natural", or frems 23a or 28a-f ahow dost Examiner Itsuit be notified at	by Funeral	11. Marital Status  1 Never Married 2 Married  3 Widowad 4 Divorced	12. Was Decedent Eve Armed Forces? 1  Yas 2 No If Yes, Give Year or Dates:	ar In U,S.	13. Was Deceder If Yes, specification of the Yes 20				ecify Yes or No Rican, alc.)	- 14. Ra	ce - Americ ick, White,	an Indian,
5-0	72 ho	Completed	15. Decedent's E (Specify only highest gro	ducation	16a. D	ecedent's Usual Give kind of work	Occup	oation	t of work	rina	16b. Kind of E	Jusiness/Ind	dustry
121		mple.	Elementary/Secondary (0-12)	College (1-4or 5+)	11	fe. DO NOT use	retire	d)	t or work	ang .			
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Balt	permit. Pa Departmer Important: any injury once.		21. Signature of Funeral Service Licer		MAGI		Addra	ss of Facilit	Lee	Funeral	Home,	Inc 6	633 Old
			23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that caused the	e death. Do not				_				Approximata Interval Between
	Physician			^									Onsel and Death
	/Medical Examiner		Immediate Cause (Final disease or condition resulting in death)	· Ho	11110	57	1-	NO.	2()	>			251r
	Examiner		resulting in death)	Du	e to (or as a co	nsequence of):							
	xecuted and al-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b. — Du	e to (or as a cor	nsequence of):							
x 68760,	eath certificate be executed ettending physician and for use es the buriel-transit	Medical	Cause (Disease or Injury that Initiated avents resulting In death) Lasi	d.	alo (or as a con	sequence of):							
Box	death e etten ed for u	ician	Part II. Other significant conditions o	ontributing to death but o	ot resulting in th	o underlying cau	so si	on in Bart I		ash Did	obassa usa sa	maniferate to	the cause of death'
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Vital Records,	aw requires as been sign 2 should be	Completed b									an eutopsy rmed?	ava co:	ere autopsy tindings allabla prior to mpletion of causa death?
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Division	To the Hospital or Attending Physicien: The I within 24 burs effect death.  To the Funeral Director: After this certificate he completely filled in by the funeral director, page	Certification:	3 Suicide 6 Could not be determined		- At home, farm Specify)					28f. Location (5 City or Tox	Street and Numi yn, State)	ber or Aura	I Route Number,
	To the Hospital or within 24 hours efter To the Funeral Dir. completely filled in	edical C	29a. Certifiar (Check only one)  1 Certifying Ph 2 Medical Exam	ysician: To the best of miner: On the basis of ex	eminetion and/o	eath occurred at r Investigation, in	the tir	ne, date en pinlon, dea	d place, a	and due to the ded at the time,	cause(s) end m	anner as st and due to	ated. the cause(s)
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			30. Name and address of person the Richard Hart, MC	npleted cause of death 6400 Arlin	(Item 23a) (Ty gton BI	vd, Fall	ls	Churc	h, V	a 22042	G	(0	
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ate of Maryland / Department of Health and	Mental Hygiene 97	20276
Certificate of Death	Reg. No.	
	2. Date of Death Month Day Year JUNE 17 1997	3. Time of Death 5:10 AM

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permit. Pages 1 and 2 should be filed within 72 hours efter death with the Maryland Depertment of Health end Mental Hygiene.

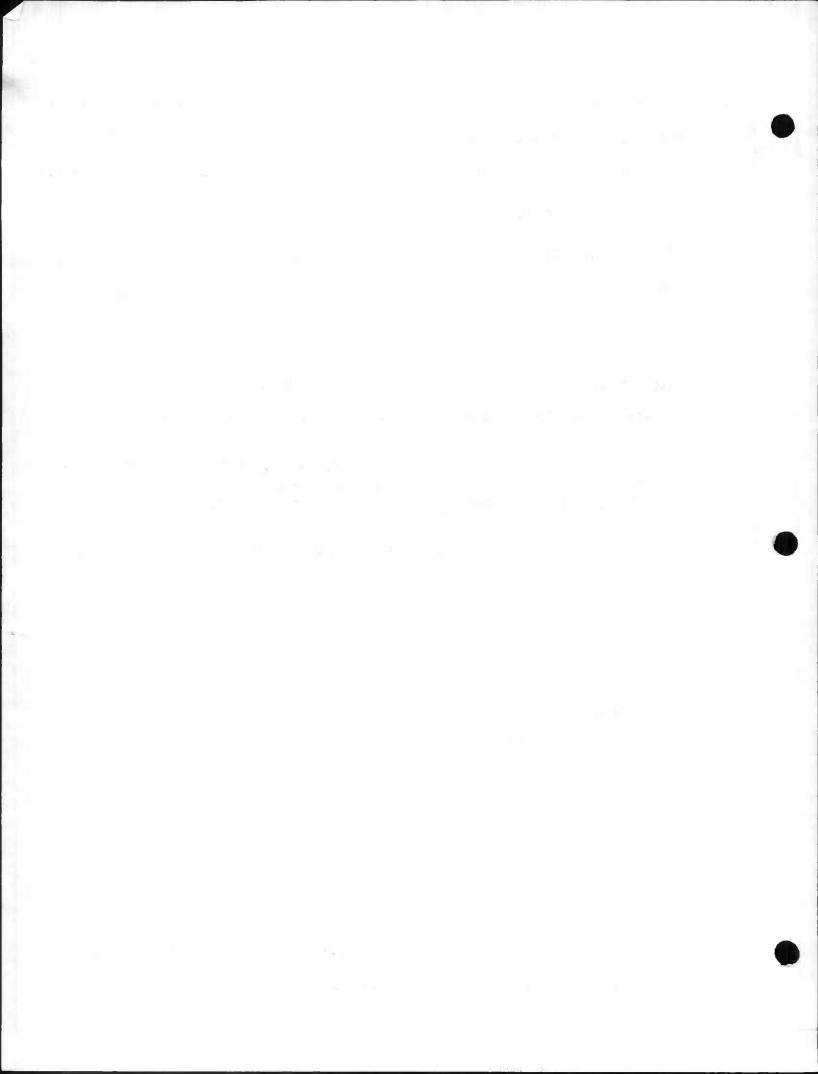
Baltimore, Maryland 21215-0020 Phys /Me Exan

Division of Vital Records, P.O. Box 68760,

To the Hospital or Attending Physician: The lew requires that the death certificete be executed within 24 hours ofter death.

To the Funeral Director: After this certificate has been signed by the extending physician and

								Death			Reg.	. 140.			
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١	HEBREW HOME				CON			ROCY	/KV1	LLE			NTGO	MERY	
۰	5. Social Security Number	-	Sex	7. Age (in yrs.		If Under	1 Year	If Under 2		8. Date of E	Sirth				or Form
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	20a. Method of Disposition			20b. P	lace of Dispo	sition (Nar	ne of			Date	1	c. Location		own, State	
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uneral irector		5. Social Security Number 577-46-6077	6 Sex 1 DAM 2 □ F	7. Age (In yrs. 79	last birthda Yrs.	Months	1 Year Days	If Undar 24 Hrs Hours Min.		Birth De <i>y</i> 14, 191	9. Birthi Penn	placa (State or Foraigi ntry) Sylvania
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sho m	-					Location						10d. Inside City Limits
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CH P		Arriatta Anna	0'Keefe		2701	Avena	St	reet, Whe	eaton,	Marylan	d 209	002
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important: any injury ance.		21. Signatura of Funeral Sarvic	a Licensaa		1	22. Name en	d Addra	ass of Facility		,	,	J
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Division of Vital Records, P.O. Box 68760, To the Hospital or Attending Phy within 24 hours after death.

To the Funeral Director: After this Completely filled in by the funeral of

27. Mennar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of Injury 28d. Describe how Injury occurred 28c. Injury at Work? 1)(Naturel 2 Accidant 5 Panding invastigation 1 ☐ Yas 2 ☐ No 6 Could not be datarminad 3 Suicida 28a. Plece of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Street end Number or Rural Routa Number, City or Town, Stata) 4 Homicida

29e. Certifier (Check only one) 29b. Signature and title of certifian

Cartifying Physician: To the bast of my knowledge, deeth occurred et the time, deta and place, end due to the ceuse(s) end manner as stated.

| Cartifying Physician: To the bast of my knowledge, deeth occurred et the time, deta and due to the ceuse(s) end manner. On the bast of exeminetion end/or investigation, in my opinion, death occurred at the time, deta and place, and due to the ceuse(s) and manner stated. 29c. License number
0 20576 29d. Date signed (Month, Day, Yeer)

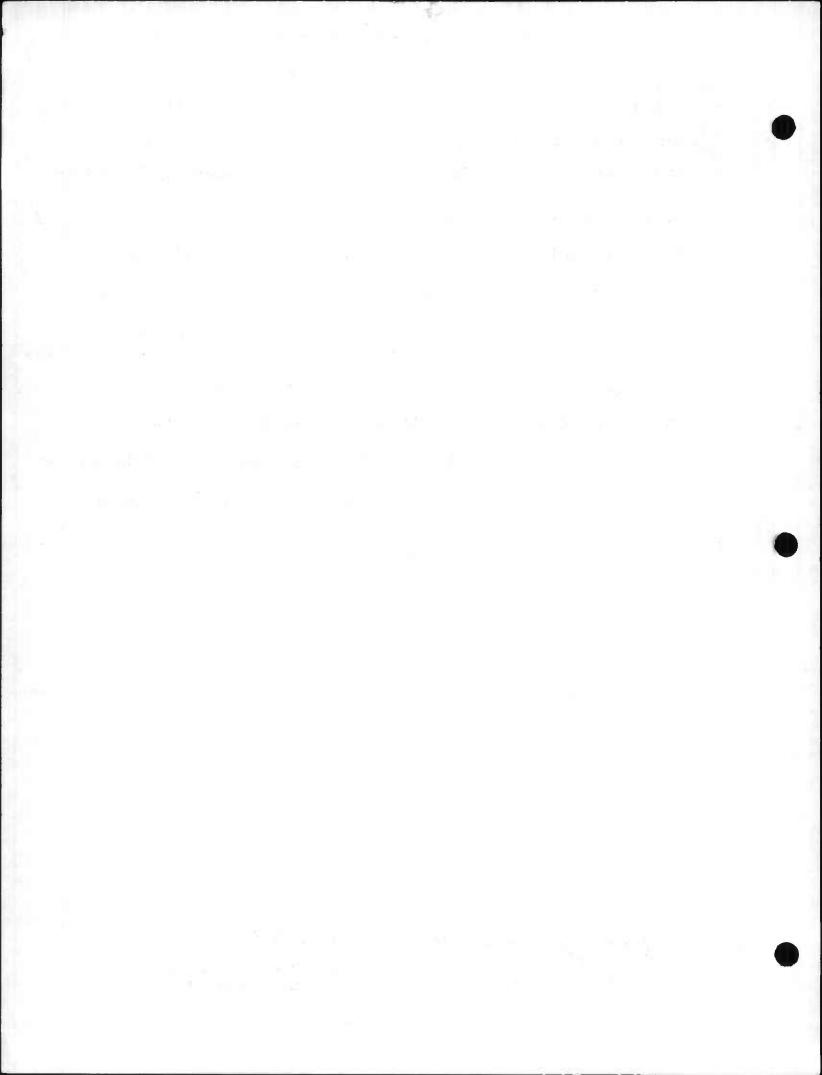
end eddrass of person who completed cause of deeth (Item 23a) (Type, Print) Joel R. Schulman, M. D.

June 17, 1997 9410 Old Georgetown Road Bethesda, Maryland 20814

State Registrar

Medical Certification:

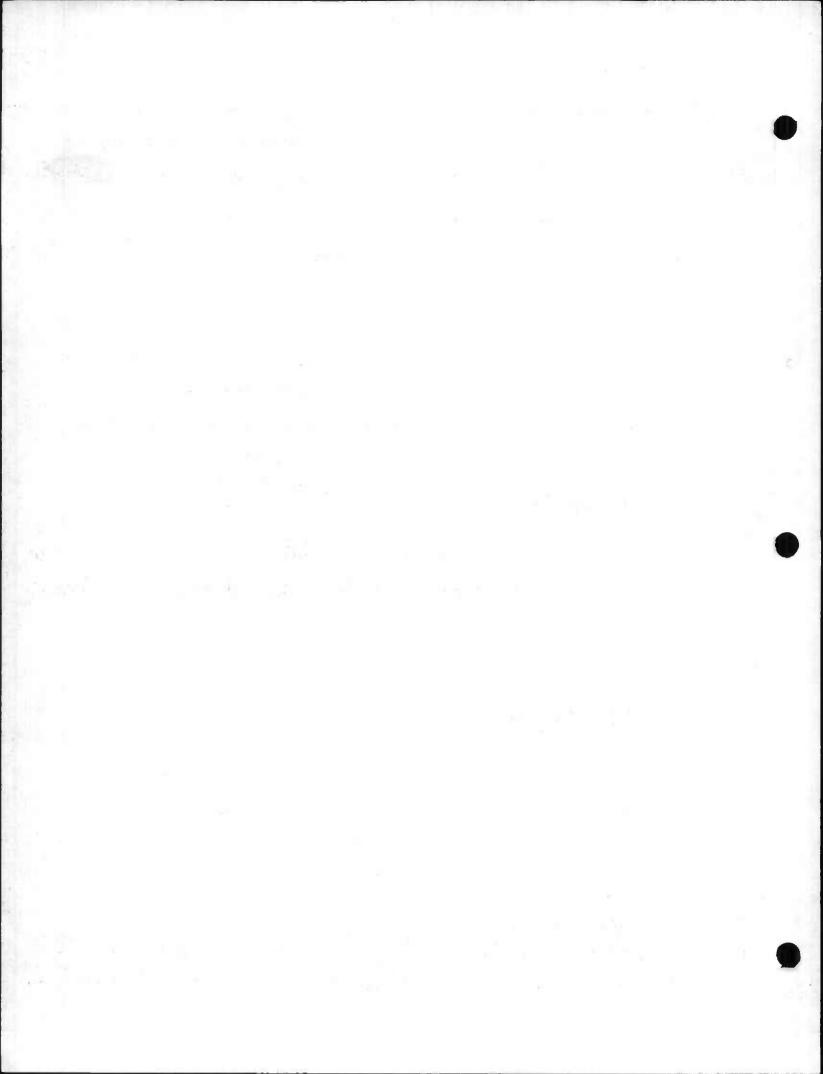
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State of Maryland / Department of Health and Mental Hygiene

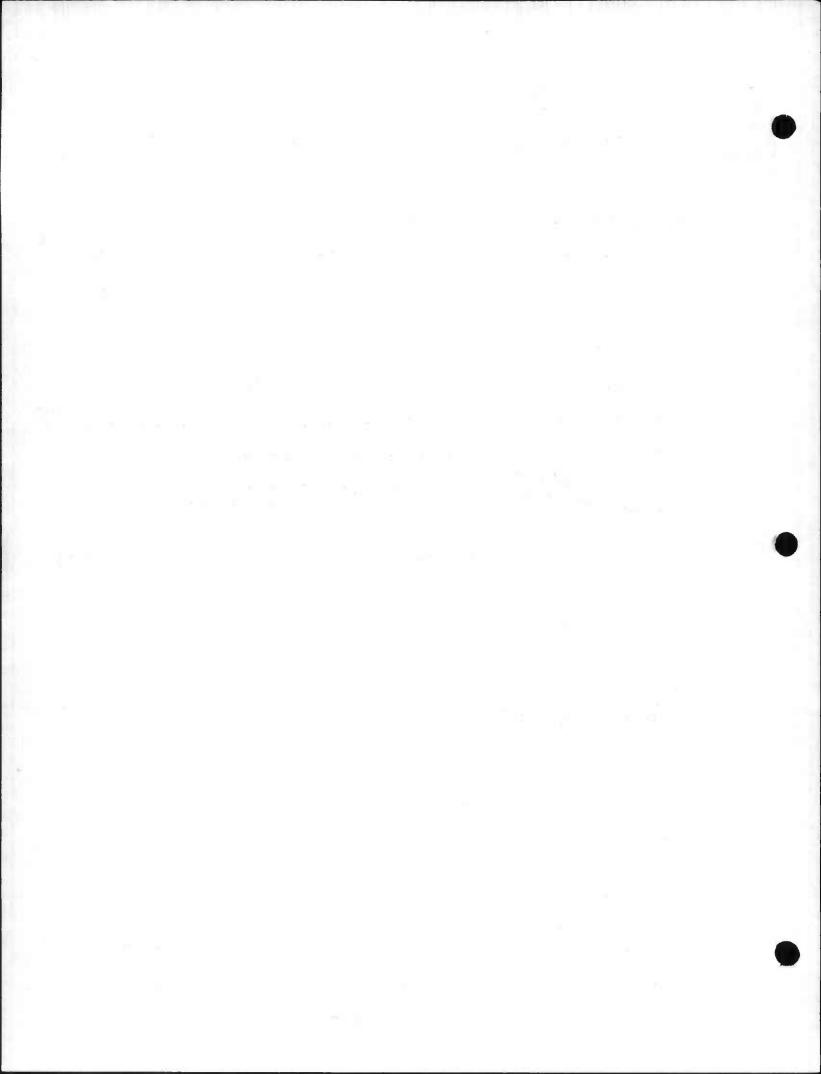
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						C	ertifica	te of	Death			Reg. No.			
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	siciar edica	Samuo	Robert Ow	ens							June	14	Year 1997	11:13	a
	mine		(If not institution, gi	ve s <i>treet</i> end nu	m <i>ber)</i>				4b. City, Tox	wn, or L	ocation of Death	4c. Count	y of Deeth		
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Fune		5. Social Security I		Sex 10XM 2□F	7. Age (In yr.		y) If Unde Months	r 1 Year Deys		24 Hrs. Min.	(Month De	th y, Year)	Coulo	plece (Stete or Foreigntry)	-
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pu *		Usuel Residence of	10b. County		10c. C	city. Town or	Location						1	0d. Inalde City Limit	te
ire, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours efter death with the Meryland of Health and Mentel Hygiene. them 21 is marked other than "natural", or frems 23e or 28e-1 show then traumable avent, the Medical Exemper must be notified at		MD	Montgom	erv	Ke	ensingt	On							1 □ Yes 2 N	
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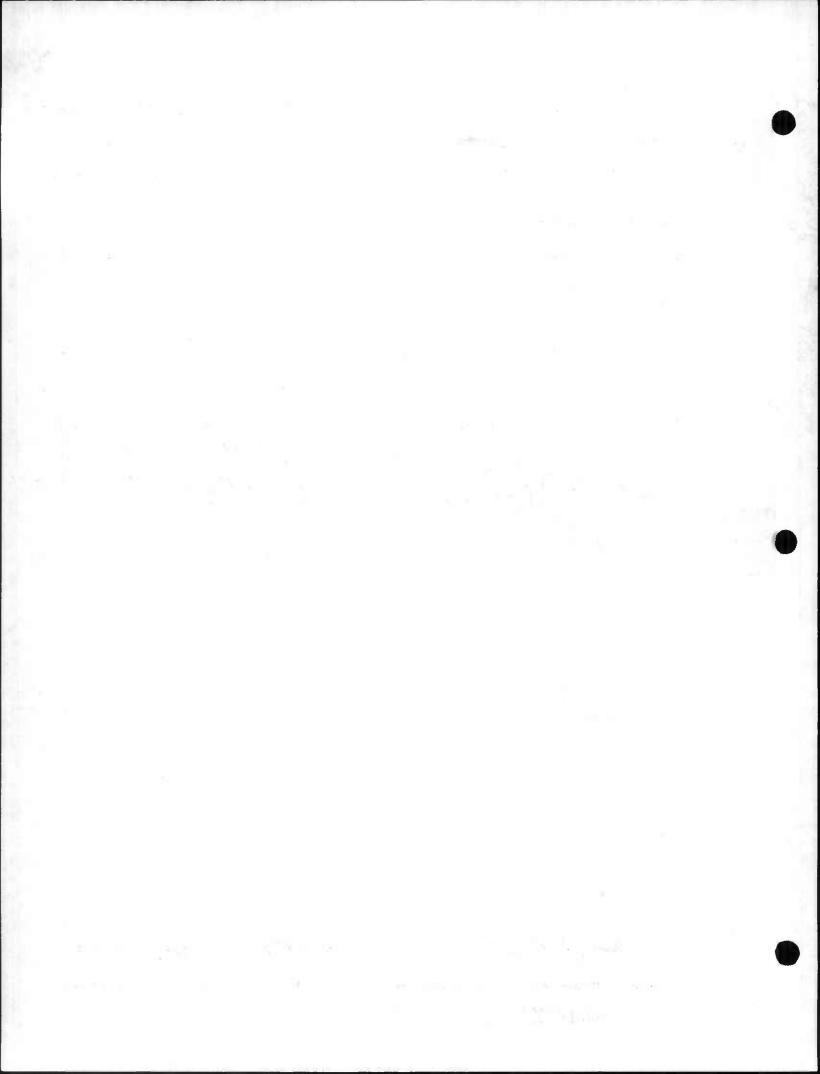
State of Maryland / Department of Health and Mental Hygiene 97 20279

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	Funeral Director		5. Social Security Number 6. Se 579–12–9976	M 2 F	7. Age (In yrs. 77	lest birthday Yrs.	/) If Under 1 Yes Months Dey			9,4919	1.1.4	plece (State or Foreigr ntry) 1and
	pu .		Usuel Residence of Decedent  10a. Stete 10b. County		10o Cib	y, Town or L	continu					
	the Merylan 28a-f show nouried at	Director	Maryland Montgomer	у		ethes	da					1 √ Yes 2 No
	ath with the 234 or 2	ral Dire	5721 Grosvenor I	ın.			10f. Zip Code 20	814		10g. Citizen of Unite		
21215-0020	s 1 and 2 should be filed within 72 hours effer death with the Meryland Heelth and Mental Hygiene. Item 27 is marked other than "naturel", or items 23s or 28s-f show other traumatic event, in Medical Examiner must be notified at	by Funeral	11. Maritel Status  1 Never Married 2 Married  3 Widowed 4 DDivorced	12. Was Dece Armed For 1  Yes If Yes, Giv Yeer or De	dent Ever in U, ces? 21 No e X otes:	S. 13.	Was Decedent of If Yes, specify Control of Italian National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National National Natio	uben, Mexicen, Pue	(Specify Yes or No- erto Rican, etc.)		ce - Americ ck, White, Whi	etc.
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and ?	I be filed ntal Hygie ad other svent, to	Be	17. Fether's Neme (First, Middle, Last) Julius R. Panitz					18. Mother's N	ame (First, Middle, Panitz	Meiden Sumer	n <i>e)</i>	
Maryland	2 should be finand Mental His marked ott	10	19e. Intorment's Neme/Reletionship (7) Helen Peikin (Sis	ype, Print)	_	19b. Mei	ling Address (Stre		Rurel Route Numbe	r, City or Town	, Stete, Zip	Code) 20879
Baltimore, N	Pages 1 and 2 nent of Heelth int: if item 27 inty or other tra		20e. Method of Disposition  1 ABurial 2 Cremetion 3		Citata	lace of Disp emetery, cre	osition (Neme of emetory or other p	lece)	Apt. 227	20c. Locetion	- City or To	own, Stete
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Ra	permit. Pages Department of Important: If it any Injury or once.		21. Signature of Funerel Service			D		-Goldberg	Mem. Cha			0852
	_		23a. Pant. Enter the disease, or comp shock, or heart teilure. List only o	lications thet ca	used the death	n. Do not er	nter the mode of d	ylng, such es cardi	ec or respiretory an	rest,	D 20	Approximete Intervel Between
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,			30. Neme and eddress of person who co	-11.	of deeth (Item	23e) (Type	Print)	Led Both	resda 14	p 20	714	11/1/
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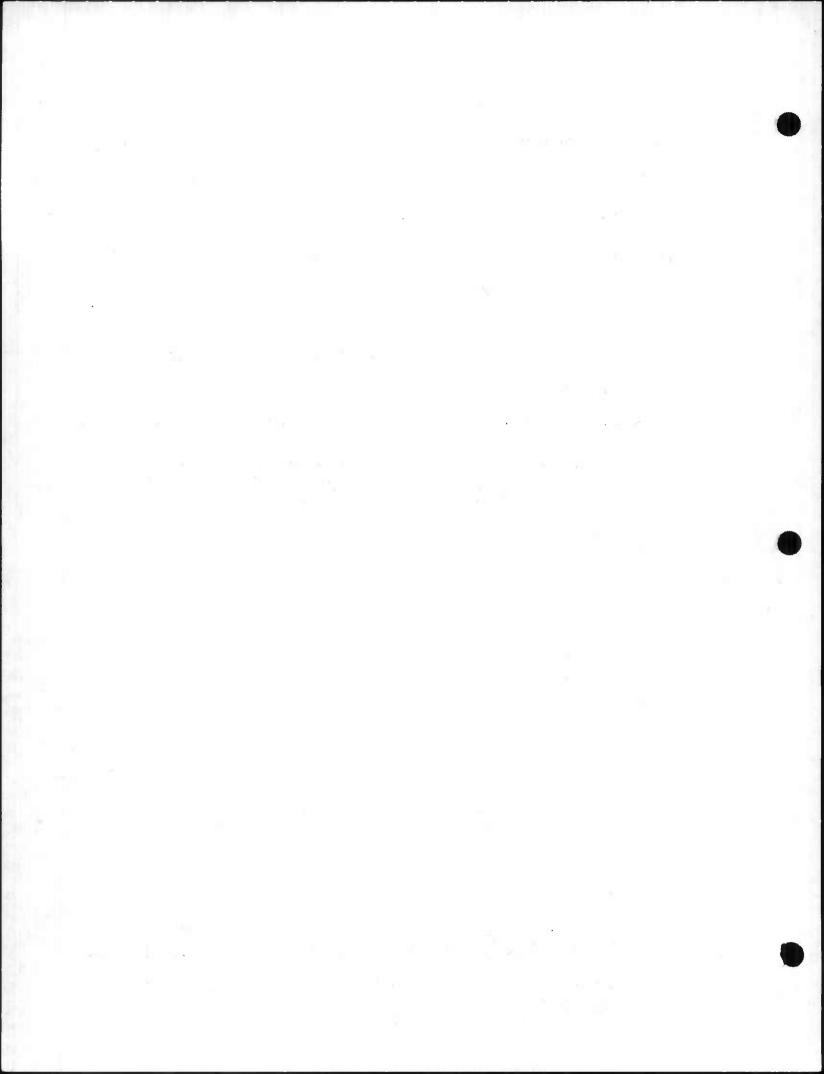
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Dharaisi		1. Decadant's Name (First, Middle	, Last)		Certific			2. Date of De		Vess	3. Time of Death
Physici /Media		Virginia F. Par	rott					June 1	L3, 1997	Yeer	3:20 AM
Examir		4e. Facility Name (If not institution	give street and number	r)			4b. City, Town, or I	*		of Deeth	
		Montgomery Gene	ral Hospita	1			01ney		Mont	gomery	у
Funeral Director		5. Social Security Number 578-38-0170 Usual Residence of Decedent	- D	ge (In yrs. I 7	Ast birthday) If Un Yrs. Mont	der 1 Year ns Deys		8. Date of Bir (Month, Da Feb. 1		9. Birthpla Country Washi	ce (State or Foreign y) ngton, DC
Hygiene. rther than "natural", or frems 23a or 28a-f show ent, the Medical Examinet must be notified at		10a. State 10b. County		10c. City	, Town or Location					100	d. fnsida City Limits
THE	to	Maryland Montgo	mery	Silv	er Spring						1 ☐ Yes 2⊠ No
100	irec	10e. Street and Number				Zip Code			10g. Citizen of	What Country	y?
238	ai	3352 Chiswick C	ourt, Apt.	1E		2090	06		Unite	d Stat	tes
edical Examiner must be notified at	by Funeral Director	11. Maritel Status  1 Never Married 2 Marri 3 Widowed 4 Divorcad	12. Wes Deceden Armed Forces ad 1  Yes 2 figure if Yes, Give Year or Dates:				Hispenic Origin? (Stoan, Mexican, Puerto Specify:	pecify Yes or No o Rican, etc.)	14. Rec Ble Specif	ce - American ck, White, at y: Whi	C.
dical	etec	15. Decedent (Specify only highes	s Education		16a. Decedent's U	sual Occu	pation during most of wor	kina	16b. Kind of B	usiness/Indu	stry
traumatic event, the Madical E	Completed	Elementary/Sacondary (0-12)	College (1-4or	5+)	Secreta		ed)	nu g	Nationa	1 Geog	
0 =	Be C	17. Fether's Name (First, Middle, L	ast)				18. Mother's Nan	ne (First, Middle			
tic •	To	Edward Ryan					Mary	Malone	2		
mns.		19a. informant's Name/Raiationsh	ip (Type, Print)		19b. Malling Addr	ass (Strae	t and Number or Ru	ral Routa Numb	er, City or Town	, Stata, Zip C	Pode)
her tr		Patricia A. Fre	nsilli/Daug	hter	10904 Br	ewer	House Roa	ad, Rock		-	
ury or ot		20a. Method of Disposition  1 ☑ Buriel 2 ☐ Cremation  4 ☐ Donation 5 ☐ Other (Sp.		Ga Ga	ace of Disposition (in matary, crematory of the a	vame of or other pla ven (	June 16 Cemetery	• 1997	20c. Location Silver	4	
important: If Item 27 is marked any injury or other trsumatic ev once.		21. Signature of Funeral Service I	)4/	689	Rockv	ille,	ess of Fecility Ro Inc. 30 Maryland	00 West	Montgom	ey Fur ery Av	neral Home Jenue,
edical miner transit	aminer	Immediate Ceuse (Final disease or condition resulting in death)  Sequentially list conditions,	a	Due to (or	as a consequence as a consequence	of):	oofe An	v Gr		6	no. My
been signed by the attending physician and should be detached for use as the burial-transit lated by Dhysician Received	Physician/Medical Ex	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disaase or Injury that Initiated avents resulting in daath) Last	c	Due to (or	as a consequence o	t):					
hed	ysic	Part li. Other significant condition	s contributing to death I	out not resu	Iting in the underlyin	g cause gi	iven in Part i.	23b. Dfd	tobacco use co	ntributs to th	he cause of death?
be deta	by Ph	STROKE						10	Yes 25 No	3 Probel	bly 4 ☐ Unknown
e 2 should	Completed							24a. Was perfo	an autopsy omed?	avella	a autopsy tindings able prior to pletion of cause ath?
i certificate has t lirector, page 2 s								10	Yas 2 No	101	Yes 2□ No
recto	o Be	25. Was case referred to medical examiner?	Hospital:			Ott	26. Placa of Dea				
9 6	-	1 Yes 2 No  27. Manner of Death  1 Natural 5 Pending 2 Accident investigs	28a. Date of Inju (Month, Da		28b. Time of injury M	28c. Inju Wo	4 Li Nursing H		denca 6 Oth		
=	Certification:	3 ☐ Sulcide 6 ☐ Could no determin	ed 28e. Placa of in building, e	tc. (Specify)		7		City or To			
illed in by		(Check only 2 Medical E	Physician: To the best caminer: On the basis of and manner st	t examination	on and/or investigati	on, In my o	opinion, deeth occur	red et the time,	date and piace,	and due to th	ne cause(s)
ne Funeral Direct pletaly filled in by	edical	0.10)				9c. Licens	se number		29d. Date signe	d (Month, Da	ıy, Year)
completaly filled In by the funeral director,	Medicai	29b. Signatura end title ot certifier						1			
	Medical	29b. Signatura end title ot certifier	lum			1	75974		JUNG	13,19	77
To the Funeral Director After completely filled in by the funer	Medical	29b. Signatura end title of certifier  30. Nama and address of person w		death (Item	23a) (Typa, Print)	0	75974		JUNG	13,19	57



State of Maryland / Department of Health and Mental Hygiene 97

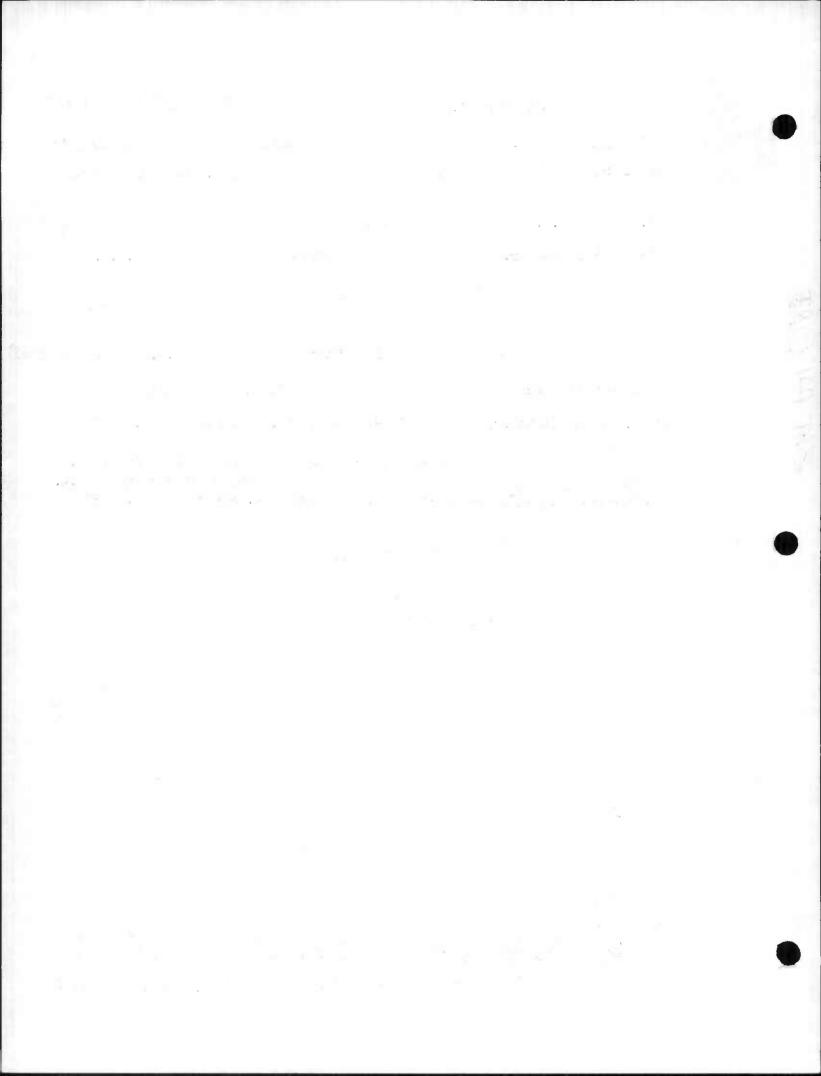
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/Medic		Vi	vian T. Pi	erce						17, 199	Year 7	1:30 PM
Examin		4a. Facility Neme (If not institution, gi	ve street end number)				4b. City, To	own, or Lo	cation of Deat		nty of Death	
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a or 28a-f show		10e. Street and Number			10f. Zip					10g. Citizen o	of What Cou	ntry?
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r itema 23a	Funeral	11. Mantal Status	12. Was Decedant I Armed Forces?		13. Was Deced	dent of h	lispanic Or an, Maxicai	rigin? (Spe n, Puerto l	cify Yes or No Rican, etc.)	)- 14. A	ace - American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American American Americ	
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Depar Impor		21. Signature of Funeral Service Lice	nsee) // /	1	22. Name an	d Addra	ss of Facili	ty Robe	ert A.	Pumphr	ey Fur	neral Hom nsin Aven
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-0		23a Parts. Enter the disease, or com shoes, or heart failure. List only	ope cause on each in	the death. Dog	ot enter tha mod	e of dylr	ng, such es	cardiec o	r respiratory e	rrest,		Approximate
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To the Hospital or within 24 hours after To the Funeral Dirth Completely filled in		-	end manner stat	ted.								
		29b. Signature and title of certifiar	7		290.	. Licansi	a numbar			29d. Data sigr	ned (Month,	Day, Year)
To the F		10		24.45								
Within 24		1 26 9	/ and	~ 444 -	_>	D085	46			June	17, 1	997
within 24 To the F		30. Name end eddress of person who	completed cause of de	eth (Item 23e) (		D085	46			June	17, 1	997
within 24 To the F Complete		30. Name and address of person who John F. Tauber, 31. Date filed (Month, Day) 200						nesda	, Mary		17, 1 0814	997



State of Maryland / Department of Health and Mental Hygiene 97 20282

			A December 2	4 641,500	41		Cer	tificate of	Death		leg. No.		
П	Physic	ian	Decedent's Name (First			Durani				2. Data of Dee	14, Day 997	Yeer	3. Time of Deeth 10:17PM
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	Exami	ner				iber)				Cation of Death	4c. County		
-			Doctors  5. Sociel Security Number			7. Age (In vrs	last birthday)	If Under 1 Yaer	Lanham If Under 24 Hrs.	8 Dete of Birth		e Geo	
	Funeral Director		130-54-8052 Usuel Residence of Dece	1	<b>X</b> M 2□ F	5		Months Deys	Hours Min.	8. Dete of Birth (Month, Day Feb.	(Year) (0,1943	Paki	ce (Stete or Foreign y) stan
	P & w			County		10c. Ci	ty, Town or Loc	cation				100	d. Inside City Limits
	with the Maryland a or 28a-f show Lbs notified at	ō	Md.	P.G			Te	nham					1 ☐ Yes 2 ☑ No
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	dout me 2	Funeral Director	11. Maritel Status	5	12. Was Dece		J,S. 13. V		lispenic Origin? (Spo en, Mexican, Puerto	ecify Yas or No-		e - America	n Indian,
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Maryland	P 11 P 5	Be (	17. Father's Name (First,	Middle, Last)					18. Mother's Neme	e (First, Middle,	Meidan Sumem	a)	
yla	should b nd Menta marked amaric e	T _O	Ishar	Das	Puri				Shant	i	Puri		
Var			19e. Informent's Name/R				19b. Mailin	g Address (Street	end Number or Run		-		Code)
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Baltimore,	permit. Pages t a Department of Her Important: If item sny injury or othe once.		21. Signeture of Funeral	Service Licens	100	1	22.	Neme end Addra	ss of Facility Cha	mbers F	uneral	Homes	P.A.
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	Physician /Medical Examiner		23a. Pent1. Enter the disk shock, or heart feilu Immediete Ceuse (Finel disaasa or condition resulting in death)	ra. List only o	-	ibri	of es a consequ	gries	ig, such es cerolac d	or respiretory en	est,	1	Approximete ntervel Between Onset end Death
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ō	를 글 등		27. Menpar of Deeth		28a. Date of	Injury	28b. Time of	28c. Injur		28d. Describe h			
0	Afte : Afte	ation	2 Accident	Pending investigation	(Month	, Dey Year)	Injury		k? Yes 2 □ No				
_	I or Attending Physician: efter death. Director: After this certific d in by the funeral director,	Certification:		Could not be determined	28e. Place of building	of Injury - At h g, etc. (Speci	ome, ferm, stre	et, fectory, office		28f. Location (S City or Tow		er or Rural	Route Number,
	To the Hospital or within 24 hours efter To the Funeral Director completely filled in	edicai C	29a. Certifier (Check only one)	ertifying Phy ledical Exami	sicien: To the biner: On the basend menne	sis of exemine	owledge, deeth ation end/or inv	occurred et the tin estigation, In my o	ne, dete end place, pinlon, deeth occurr	end due to the d ed et the time, d	ause(s) end me date end place,	nner es ste end due to t	ted. he cause(s)
	within To th	M	290. Signature and the bi	certifier	J)		^	29c. Licens	a number	- 4	29d. Dete figne	d (Month, D	ey, Year)
	6		1 Nolla	· /	Lan	0	MI	TI	33982		61	219	7
,	7		30. Name and appress of	personwho	ompleted cause	of chart (iter	n 23a) (Type, F	Print)	) [O]	>	611		/
		1	HTTOO I	1600M	1	3/10/0	-		11	nolow	n mr	no	700

State Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month 2:25 PM Mae June 16 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Center Howard Nursing If Under 24 Hrs. 8. Dete of If Under 1 Year 6. Sex 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) Months Deys Hours Min. 1 ☐ M 2 🖾 F 72 Yrs April 25, 1925 Altoona, PA 10b. County 10c. City, Town or Location 10d, Inside City Limits 1X Yes 2 No Howard Columbia 10f Zin Code 10g. Citizen of What Country? 6334 Cedar Lane 21044 United States 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. 1 ☐ Yes 2 🛣 No If Yes, Give Yeer or Detes: 1 Never Merried 2 Merried 1 Yes 2 No Specify 3 ☑ Widowed 4 ☐ Divorced Black 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Housekeeping Private 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Park F. Piper Frances Bright 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) 20744 19e. Informent's Neme/Relationship (Type, Print) 6600 St. Ignatius Drive, #201, Ft. Washington, D.C. Cynthia Mercado - Niece 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, Stete Dete 1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) First Baptist Church Cemetery 6/19/97 Heathsville, VA 21. Signeture of Funerel Service Licensee 22. Name and Address of Facility STEWART FUNERAL HOME, INC. 4001 Benning Road, N. E., Washington, D. C. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset end Deeth VCER Due to (or es e consequence of) Due to (or es e consequence of) Due to (or es e consequence of): 23b. Did tobacco usa contributa to the cause of death?

Physician /Medical Examiner

tha death cartificate be executed

Division of Vital Records, P.O. Box 68760.

Attending Physician:

**Physician** 

/Medicai

**Examiner** 

**Funerai** 

Director

item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at

permit. Pagas 1 and 2 should be filed within 72 hours efter death v Deperment of Health and Mantal Hygiene. Important: If item 27 is merked other than "natural", or items 23a any Injury or other traumatic event, the Medical Examiner must once.

Baltimore, Maryland 21215-0020

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5. Social Security Number

10e. Stete

Maryland

11. Marital Status

10e. Street and Number

12

20e. Method of Disposition

Immediate Cause (Final diseese or condition resulting in death)

Director

Funeral

þ

Completed

2

312-22-7252

Usual Residence of Decedent

physician and s the buriel-trans usa as t for detached signed by the funeral director,

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peed hes cartificate

After

death.

Mospital or Attandi 24 hours after death. Funeral Director: A

To the Vithin 2

Mospital

Examiner Physician/Medical þ Completed Be 2 Certification:

Medical

Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Pert II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 1 ☐ Yee 2 ☐ No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to completion of cause of death? 24a. Wes en eutopsy 1 Yes 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Accident 5 Pending investigation 1 Yes 2 No 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end place, end due to the ceuse(s) end menner es steted.
2 Medical Exeminer: On the bests of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end place, and due to the ceuse(s) and menner steted. 29a. Certifier (Check only one)

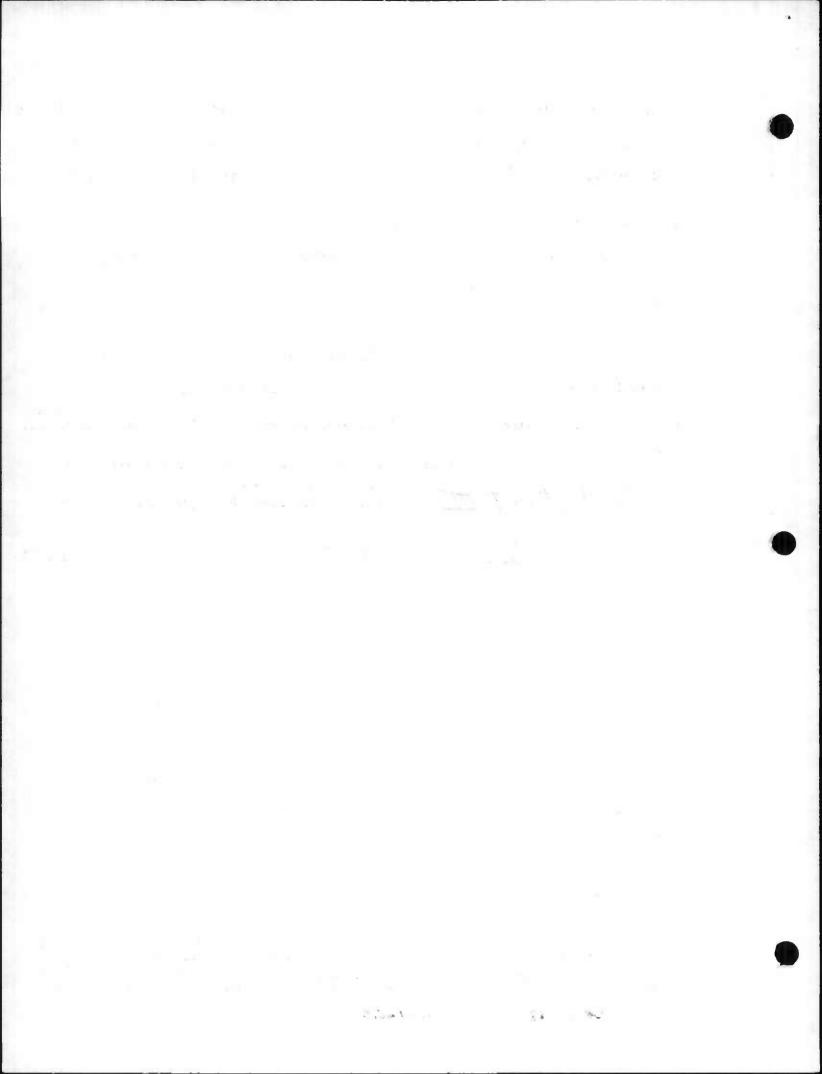
29c. License number

29d. Dete signed (Month, Dey, Year)

State Registrar

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State of Maryland / Department of Health and Mental Hygiene

				,	Cert	ificate of	Death		Reg. No.	91	20284
Physi	cian	1. Decedent's Nama (First, Middle, L.	ast)	/	7			2. Date of D Month	eeth Day	Yaar	3. Time of Death
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Exam	iner	4a. Fecility Name (If not institution, gi						, or Location of Dea		nty of Deeth	
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anyland show		10a. Stata 10b. County		10c. City, To	wn or Loca	tion					10d. Insida City Limits
tha Maryla 28a-f shon	to	MARYLAND PRINCE	GEORGE'S	НУАТ	TSVIL	L.E.					1X Yas 2□No
	Director	10e. Street and Number				10f. Zip Coda			10g. Citizen	of What Cou	ntry?
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Maryland d 2 should be file in and Mantai Hy 7 is merked oth traumetic event	To	PIETRO PETRONE					PAULI	NE SAGINA	ATIO		
Tary 2 sho and le		19a. Informent's Name/Ralationship	Type, Print)	19	9b. Meiling	Addrass (Stree	et and Number o	r Rural Route Num	ber, City or To	wn, Stata, Zij	o Coda)
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altimore, mit. Pagas 1 s partmant of He portant: if item portant: if item per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or other per sinjury or othe		20a. Method of Disposition 1 XBurial 2 ☐ Cramation 3 ☐	Removal from State	20b. Place cemai	of Disposit tary, crema	ion (Nama of tory or other pl	ace)	Data	20c. Location	on - City or To	own, Steta
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Baltimore, permit. Pagas 1 an Department of Heal Important: If Item 2 any injury or other		21. Signature of Funeral Supress Lice	The A		FO		COLN FUN	ERAL HOMI	3		YLAND 20722
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S, P es that igned b be deta		Viabetes mellity	5					_ 1	Yes 2 N	o 3□ Pro	bably Unknown
of Vital Records, P.O. Box 68760, Physician: The law requires that the death certificate be executed this cartificate has been signed by the attending physician and rel director, page 2 should be detached for use as the burial-transit	ted by	Azatemia							s an autopsy ormed?	24b. W	ara autopsy findings elleble prior to
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On O Jing Ph Aftar th funeral		27. Mennar of Death  √ Natural 5 □ Panding	28a. Data of Injui		Tima of Injury	28c. Inju	ury at	28d. Dascribe	how injury occ	eurred	
Division  or Attending after death. Director: After	Certification:	Accident Investigation	-	-			Yas 2 XNo	-			
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Or said					-					-	
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** Wilfred A. Peterson , Jr JUne 12, 1997 1:45am /Medical 4c. County of Deeth Anne Arundel 4e. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth Examiner Davidsonville 3726 Patuxent Manor Rd. 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) Funeral Deys M 2□F Months Hours 52 217 44 3822 Yrs. Director Dec 9,1944 Washington, DC Usuei Residence of Decedent the Maryland 10e. Stete 10b. County 10c. City, Town or Location Bowie man be notified at 10d. Inside City Limits Md Prince Georges Director 1 □XYes 2 □ No 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 20716 IISA 2112 Princess Anne Court Itams 23s Funeral death 12. Wes Decedent Ever in U,S. Armed Forces?
f Etyes 2 □ No If Yes, Give Yeer or Detes: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) Race - American Indien, Bleck, White, etc. the Medical Examiner should be filed within 72 hours after ond Mental Hygiene. marked other than "natural", or ha 1 ☐ Never Merried 2 ☐ Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: white by 3 ☐ Widowed 4 ☑ Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Retail Food Manager permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: If Item 27 is merked othe any Injury or other traumatic event once. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Nancy L. Wolff Wilfred A. Peterson, Sr. 19e. informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 3726 Patuxent Manor Rd. Davidsonville, MD 21035 Eric S. Peterson 20b. Pleca of Disposition (Neme of cemetery, crematory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1XXBurial 2 ☐ Cremetion 3 ☐ Removel from State MD Veteran's Cemetery 6/17/97 Cheltenham, MD 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Servica Licansee 22. Neme end Address of Fecility Robert E. Evans Funeral Home, Inc. al 1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, thick, or heart feilure. List only one cause on each line. Approximete ntervel Between Onset end Deeth Physician /Medical imm diete Cause (Final 6 leadin week diseese or condition resulting in deeth) Examiner Due to (or es e consequence of): Physician/Medical Examiner months cancer physician and the burial-transit that the death certificate be executed Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury Due to (or es e consequence of): thet initieted events resulting in deeth) Lest Due to (or es e consequence of): 65 attending p ed by the a Pert it. Other aignificant conditione contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 □ Yee 2 □ No 3 □ Probably 4 □ Unknown signed I by 24b. Were autopsy findings eveilable prior to completion of cause of death? 24e. Wes en eutopsy performed? Completed page 2 has 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate or Attending Physician: Be 25. Wes case referred to medical exeminer? 26. Place of Death (Check only one) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 2 1□ Yes 22 No Other: 4 □ Nursing Home 5 ☑ Residence 6 □ Other (Specify) this s funeral 28e. Dete of Injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of injury 28d. Describe how injury occurred Certification: 28c. Injury et Work? After 1 Neturel 5 Pending Investigation after death.

Director: Aff
d in by the fu 1 ☐ Yes 2 ☐ No 2 Accident 28f. Location (Street end Number or Rural Route Number, City or Town, State) 6 ☐ Could not be 3 ☐ Suicide 28e. Pleca of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide

Box 68760, P.O. Records, Division of Vital

within 24 hours after To the Funeral Direc completely filled in by Hospital Medical Within 2

State Registrar

29a. Certifier

(Check only one)

29b. Signeture end title of certifier

Auctor

**JUN 17** 

31. Dete filed (Month, Day, Yeer)

Gustin

Dayle

M.D. Greenebaum 32. Registrer's Signature Sala Structur Ra

mo

30. Neme and eddress of person who completed cause of death (item 23e) (Type, Print)

1 Certifying Physician: To the best of my knowledge, death occurred et the time, dete end piece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner stated.

29c. License number

023809

Cancer Ctr., 22 S. Greene St., Bultimore MO 21201

29d. Dete signed (Month, Dey, Year)

DHMH 16 Rev 6/95

a sealing of

State of Maryland / Department of Health and Mental Hygiene

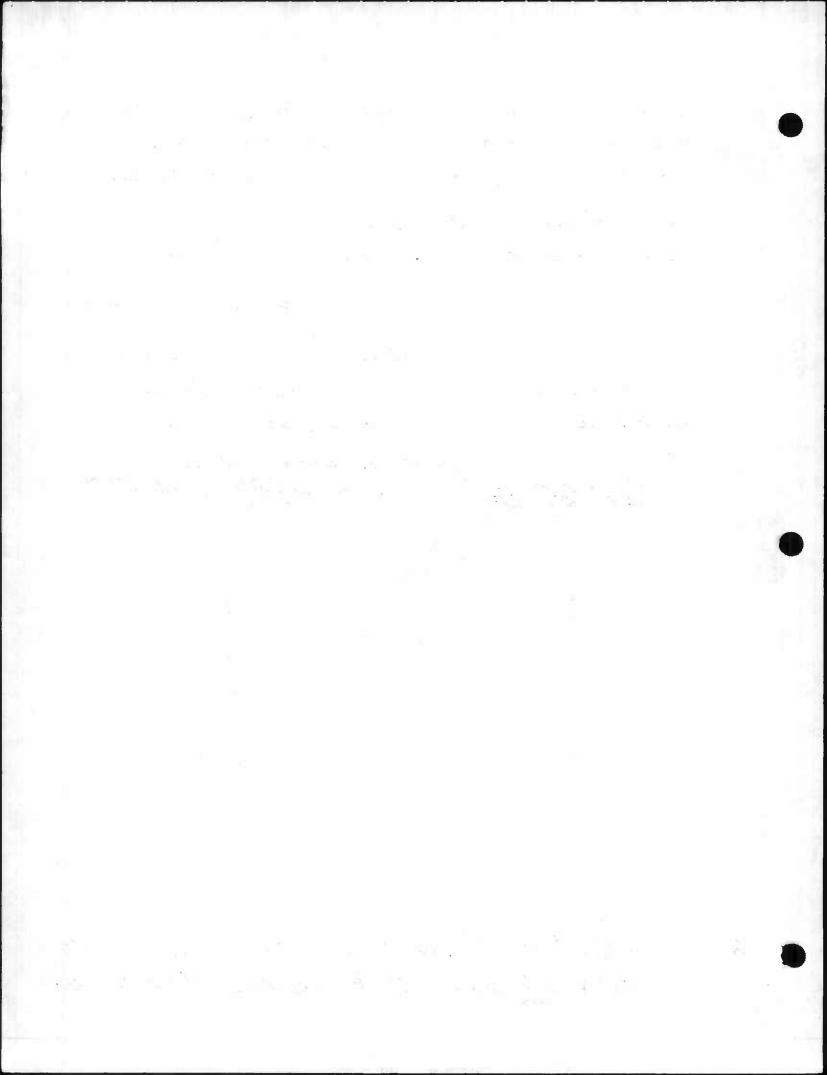
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21215-0020	s 1 and 2 should be filed within 72 hours after death with the Maryland if Heelth and Mental Hyglene. If Heelth and Mental Hyglene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Exercited result be notified as	by	1 ☐ Never Merried 2 ☐ Married	Armed Forces?  1 XYes 2 1 N If Yes, Give Year or Dates:	1944 <b>–</b> 1946	If Yes, spec	city Cul	ban, Mexicar	n, Puerto	Rican, etc.)	Spec	ack, White, ify:	white
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State of Maryland / Department of Health and Mental Hygiene 9 7

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F		Mallard Bay Nursino	Home Cambi	ridea Don	chester	
Funerai	Г	5. Social Security Number 6: Sex 7. Age (In-y	s. last birthdey) If Under 1 Year   if Under 24 Hrs	8. Bate of Birth	Birthplace (State or Foreign Country)	
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p	1	Usual Residence of Decedent				
anylar ahow			City, Town or Location		10d. inside City Limits	
Me - Me	cto	MD Dorchester	Cambridge		1 Yes 2 No	
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de la la la la la la la la la la la la la	Funeral	11. Maritai Status 12. Wes Decedent Ever in Armed Forces?	U,S. 13. Was Decedent of Hispanic Origin? ( if Yes, specify Cuben, Mexican, Puer	Specify Yes or No- no Rican, etc.) 14. Rad	ce - American Indian, ck, White, etc.	
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State of Maryland / Department of Health and Mental Hygiene 97 20288

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

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or Attending	within 44 frouts after death.  To the Funeral Director: After completely filled in by the funer	Certification:	2 Accident investigation 3 Suicide 6 Could not be	(Month, Dey Year)	Injury	M 1	Yes 2 No		Street end Numt	oer or Rure	l Route Number,
pital or	within 24 nours after designations.  To the Funeral Director: completely filled in by the	Cert	4   Nomicide	building, etc. (Specify					wn, Stete)		
To the Hospital	he Funeral pletely filled	edica	29e. Certifier  (Check only ane)  1 Certifying Physicia 2 Madical Examiner:	n: To the best of my kno On the basis of examine end menner steted.	wledge, deeth o tion end/or inve	estigetion, in my	ime, dete end plece, opinion, deeth occur	end due to the red et the time,	date end place,	end due to	ated. the cause(s)
Tot		ž	29b. Signature and title of certifier			29c. Licer	se number		29d. Dete signe	d (Month, L	Dey, Year)
)	12		30. Name and address of person who comp	call death of death (them	23a) (Tuna B	D94	1971		June 1	3,1	997
			DENVIS TREOMAN	15225	Sumo		& Rd,	Rock	ville,	MD	20850
	Sta	te	31. Dete filed (Month, Dey, Year) 11 1 G	32. Registrer's Signe	ture	<b>So.</b>	/				

State of Maryland / Department of Health and Mental Hygiene

28f. Location (Street and Number or Rural Routa Number, City or Town, Stata)

29d. Data signed (Month, Day, Year)

June 13, 1997

						Cen	tificate	of Death		Reg. No.	71	20290
	Physic		1. Decedant's Nama (First, Middla, Emily G. Robb)	,					2. Data of Month June	Death Day	Yaar 1997	3. Tima of Death 7:00 am
	/Medi Exami		4a. Facility Nama (If not Institution,	giva straat and numbar	r)			4b. City, Town,	or Location of De		ounty of Death	
			Washington Adve	ntist Hospi	tal			Takoma	Park		ntgome	
	Funeral Director				iga (In yrs. Ia	est birthday) Yrs.	If Undar 1 Months I	Yaar If Undar 24 h		Birth Day, Year)	9. Birth	placa (Stata or Foraign intry) INESSEE
	P >		Usual Rasidance of Decadant  10a, Stata 10b, County		10- 01-	T						
	death with the Maryland rm 23a or 28a-f show r must be notified at	Director	Maryland Prince	e George's		Town or Loc						10d. Insida City Limits 1 X Yas 2 No
	er th	Olre	10e. Street and Number				10f. Zip C	oda		10g. Citizar	of What Cou	ntry?
	23a	ral	3409 Toledo Terr	race #D			2078			U.S.A	•	
020	after or its	by Funeral	11. Marital Status  1 Navar Marriad 2 Marrie 3 Widowad 4 Divorced	12. Was Dacedan Armed Forcas d 1 Yas 2 M If Yas, Giva Yaar or Datas	? No	1		t of Hispanic Origin? Cuban, Maxicen, Pu No Specify:	(Specify Yas or arto Rican, atc.)		Race - Amari Black, Whita, ecity: Wh	
2-0	72 hours "natural",	te g	15. Decedant's	Education		16a. Deceda	nt's Usual (	occupation		16b. Kind	of Businass/In	ndustry
2121	filed within 7 Hygiene. ther than "r	Be Completed	(Spacify only highast Elamantary/Sacondary (0-12) 12	Collega (1-4or	5+)	Homema		dona during most of v ratired)	vorking	Own	Home	
Maryland 21215-0020		To Be C	17. Fathar's Nama (First, Middla, L Archie T. Greer	ast)					n I. But		mama)	
any	d 2 should th and Mer 7 is marke traumatic		19a. Informant's Name/Ralationsh	ip (Typa, Print)		19b. Mailing	Addrass (S	traat and Numbar or	Rural Routa Nur	nber, City or To	own, Stata, Zij	p Coda)
			Lloyd J. Robbins	s - Husband		3409	Coledo	Terrace	#D, Hyat	tsvill	e. Mary	yland 2078
Baltimore,	Pages 1 and nant of Healt int: If item 2		20a. Mathod of Disposition  1 🕅 Burial 2 □ Cramation 3  4 □ Donation 5 □ Other (Special Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro		CO	nce of Disposi matary, crame	tion (Nama atory or othe	of	Data	20c. Locat	ion - City or To	own, Stata
Balt	permit. Pages Department of Important: If it eny injury or o		21. Signatura of Funaral Sarvice Li	censaa		22. F1	Nama and A	ddrass of Facility Gasch's Ltimore A	Sons Fur	eral H	ome, P	.A.
	Physician		23a. Part1. Entar tha disaasa, or o shock, or haart failura. List o	omplications that ceuse nly ona causa on each	d the death. line.						LITE, I	Approximata Interval Batween Onsat and Death
	/Medical Examiner	-	tmmediata Causa (Final disaasa or condition rasulting In daath)	a. Ac				ey HEA	PT P	ISEA	5€	MINUTE
L	-	Jer		1.1		as a consequ						
•	icata be executed physician and s the burial-transit	Examiner	Sequantially list conditions, if any, laading to immadiata ceusa. Entar Underlying Cause (Disaase or Injury	ь.	/ /	as a consaqui	1		11:			
68760,	deeth certificate be execul e attending physician and d for use as the burial-trar	edical	Cause (Disaase or injury that initiated avants rasulting in daath) Last	c	Dua to (or a	is a conseque	ance of):					
Box (	eath certific attending p	≥ .		d								
	the de	Physician/	Part II. Other significant condition	s contributing to death t	but not rasult	ing in tha und	larlying ceus	a givan in Part I.	23b. Di	d tobacco use	contribute to	o the cause of death?
s, P.O.	de de	oy Ph							_ 10	Yes 2014	of 3□Pro	bably 4 Unknow
Records,	e law requires that been signed as 2 should be	Completed by								as an autopsy rformed?	av co	fara autopsy findings valiable prior to emplation of ceusa death?
	Page Page	5							10	Yas 2	6 10	□Yas 2□No
/ita	ysiclan: The scartificate director, pag	Be	25. Was cesa rafarred to medicel axaminar?					26. Placa of C	aath (Check onl	y ona)		
) t	8 0 0	2	1 Yas 2√No	Hospital:		R/Outpatiant			Homa 5 PA	sidence 6	Othar (Specif	(y)
on of Vital	ding Phi th. : After thi	tion:	27. Manner of Death  1 SNatural 5 ☐ Panding 2 ☐ Accident Invastiga	28a. Data of Inju (Month, Da	ay Year)	8b. Tima of Injury	28c.	Injury at Work? 1 Yas 2 No	28d. Dascrib	e how injury o	ocurred	

To the Hospital or Attendit within 24 hours after death.
To the Funeral Director: All completely filled in by the fu

Medical Certifical

David M. Goldman, M.D. 31. Data filed (Month, Day, Year) State JUN 16 199 Registrar

3 ☐ Sulcida

29a. Cartifiar

4 - Homicida

29b. Signatura and titla of certifiar

6 Could not be datarminad

30. Nama and addrass of person who complated causa of daath (Itam 23a) (Type, Print)

7500 Hanover Parkway #105, Greenbelt, Maryland 20770-2093 32 Ragistrar's Signatura

28a. Placa of Injury - At homa, farm, streat, factory, office building, atc. (Spacify)

1 Certifying Phyalctan: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.

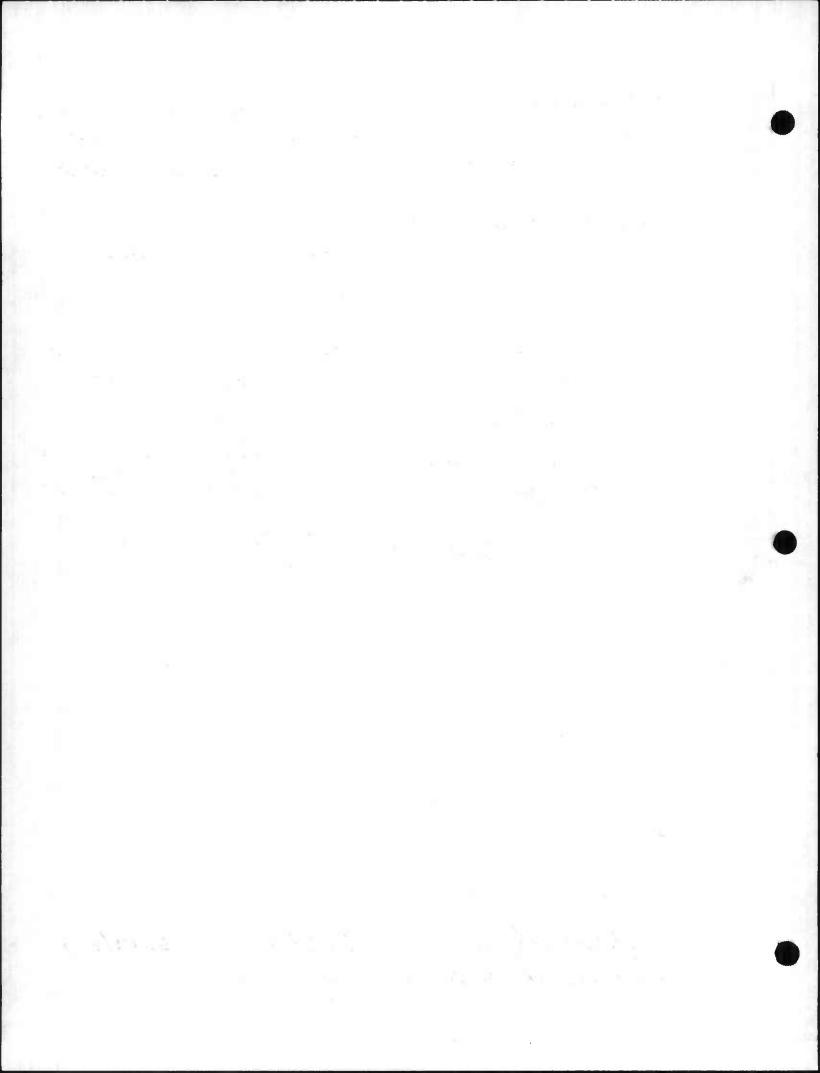
29c. Licanse number

**DHMH 16 Rev 6/95** 

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State of Maryland / Department of Health and Mental Hydiene 97 2029

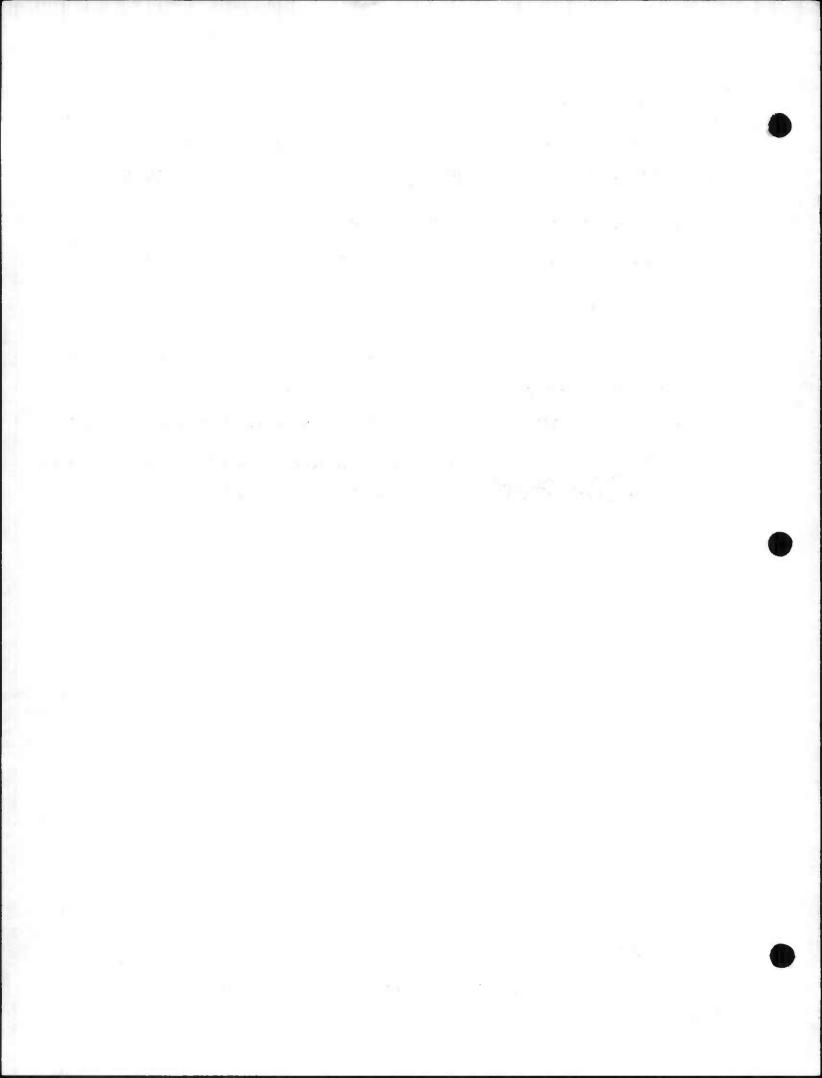
				Otate of M	iaiyiailu		rtificate of	Death		Reg. No.	1 6	.0231
	Physic /Medi		Decedent's Neme (First, Middle, La     Cecil F. Richa						2. Dete of Dee Month June 18	eth Dey	Yeer	3. Time of Deeth 2:50 AM
P	Exami		4e. Fecility Name (If not institution, given 212 Hill Road	e street and number,	)			4b. City, Town, or I Landover	ocalion of Deeth	4c. County		
	Funeral Director		212-34-0239	9ex 7. Ag	ge (In yrs. Iasi	t birthday) Yrs.	If Under 1 Yea Months Deys		8. Dete of Birth (Month, Day Feb. 6	1950	9. Birthp Coun Mar	lece (State or Foreign try) 1and
	Ba-f show	ctor	Usuel Residence of Decedent  10e. State 10b. County  Maryland Prince G	eorge's	10c. City, T	own or Lo					11	0d. Inside City Limits 1 ☐ Yes XXNo
	with th	i Director	10e. Streel end Number 212 Hill Road				10f. Zip Code	785		10g. Citizen of	Whel Coun	try?
020	be filed within 72 hours efter deeth with the Maryland tiel Hygiene.  d other than "naturat", or items 23a or 28a-f show event, the Medical Exeminer must be notified at	by Funeral	11. Maritel Status  1 Never Married 2 Merrled 3 Widowed 4 Divorcad	12. Wes Decedent Armed Forces? 1 \( \text{Yes} \) Yes 2\( \text{Yes} \) If Yes, Give Yeer or Dates:	?			Hispenic Origin? (S ben, Mexican, Puert	pecify Yes or No- o Rican, etc.)	14. Rec	ca - America ck, White,	an Indian, etc. ite
21215-0020	within 72 ho iene. then "natur	Completed	15. Decedent's E (Specify only highest gra Elementary/Secondary (0-12) 8th	ducation ade completed) College (1-4or N/A	5+)	(Give life. I	dent's Usuel Occi kind of work done DO NOT use retir	ed) during most of worked)	king	16b. Kind of B		siness
pu	0 = 0 =	Be Co	17. Fether's Neme (First, Middle, Last,			1001	Install	18. Mother's Nen		Maiden Surnan	ne)	
Maryland	should by	To	William Richa						rginia		desty	
	2 2 2 2		19a. informent's Neme/Relationship ( Betty Jean Richar			19b. Mailir		t and Number or Ru L Road Lar				
Baltimore,	Part Tr		20e. Method of Disposition 1 □XBurial 2 □ Cremetion 3 □ 4 □ Donation 5 □ Other (Specif		ceme	Linc	sition (Name of natory or other pl coln Ceme	etery 1	1997		rood M	aryland
Balt	pemit. Pag Department Important: If any injury o		21. Signeture of Funerei Service Licer	nsee H				ess of Fecility Le				
x 68760,	Physician physician and ing physician and eas the burial-transit eas the burial-transit	Medical Examiner	23a. Pert1. Enier the disease, or com shock, or heart feilure. List only  Immediate Ceuse (Final disease or condition resulting in deeth)  Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lesf	e. Zu b	Due to (or es	fuh s e conseq s e conseq	uence of):	ung e				Interval Between Onset end Death
O. Bo	The law requires that the death certific ate hes been signed by the ettending p page 2 should be detached for use as	Physician/N	Pert II. Other significent conditions of	dontributing to death b	ut not resultin	g in the ur	nderlying cause g	iven in Pert I.	23b. Dld to	obacco use co	ntribute to	the cause of death?
S, P	gned by	by Ph							1 U Y	res 2□ No	3 Prob	ably 4 Dunknown
Division of Vital Records, P.O. Box	W 00 01	Completed	•						24a. Wes e perfor	en eutopsy med?	eve	re eutopsy findings illebie prior to apletion of cause leath?
a H									1□ Y	es 211 No	10	Yes 2□ No
Ž	yalclar is certif	To Be	25. Was case referred to medical examiner?  1 Yes 2 No	Hospitai: 1 ☐ Inpatie	ent 2 ER/	/Outpatien	t 3□ DOA O	26. Place of Dee her: 4 \sum Nursing He			er (Specify	1
sion o	는 문교		27. Manner of Death  1 In Neturel 5 Pending 2 Accident Investigetlor	28e. Dete of Inju (Month, Da	ry 281	b. Time of Injury	28c. Inju	iry et ork? ] Yes 2 ☐ No	28d. Describe h			,
DIVIS	Te of	Certification:	3 SuicIde 6 Could not be determined	28e. Pieca of Inj building, etc	ury - At home c. (Specify)	, farm, sire	eet, factory, office		28f. Location (S City or Tow	treet end Numb n, State)	er or Rural	Route Number,
	To the Hospital or within 24 hours efter to the Funeral Dir completely filled in	edical	29e. Certifier (Check only one) 1	ysician: To the best of niner: On the basis of and menner ste	examinetion	dge, deeth end/or inv	occurred et the trestigetion, in my	lme, dete end piace, opinion, deeth occur	end due to the c red el the lime, d	euse(s) and me late end place,	enner es sto end due fo	eted. the ceuse(s)
	To t To t	Σ	29b. Signature and title of certific	of a	~		29c. Licen	se number	2	29d. Dele signe	d (Month, E	
			30. Name end eddress of person who of Norman G. McCoy,	MD 10274	Lake A	rbor	Way, Su	ite 202,	Mitchelv	ville, N	1/d	
	Sta Registr		31. Dete filed (Month, Day, Year)  JUN 2 4	1997 - Ju	ids Signature	dear R	ardall					



State of Maryland / Department of Health and Mental Hygiene

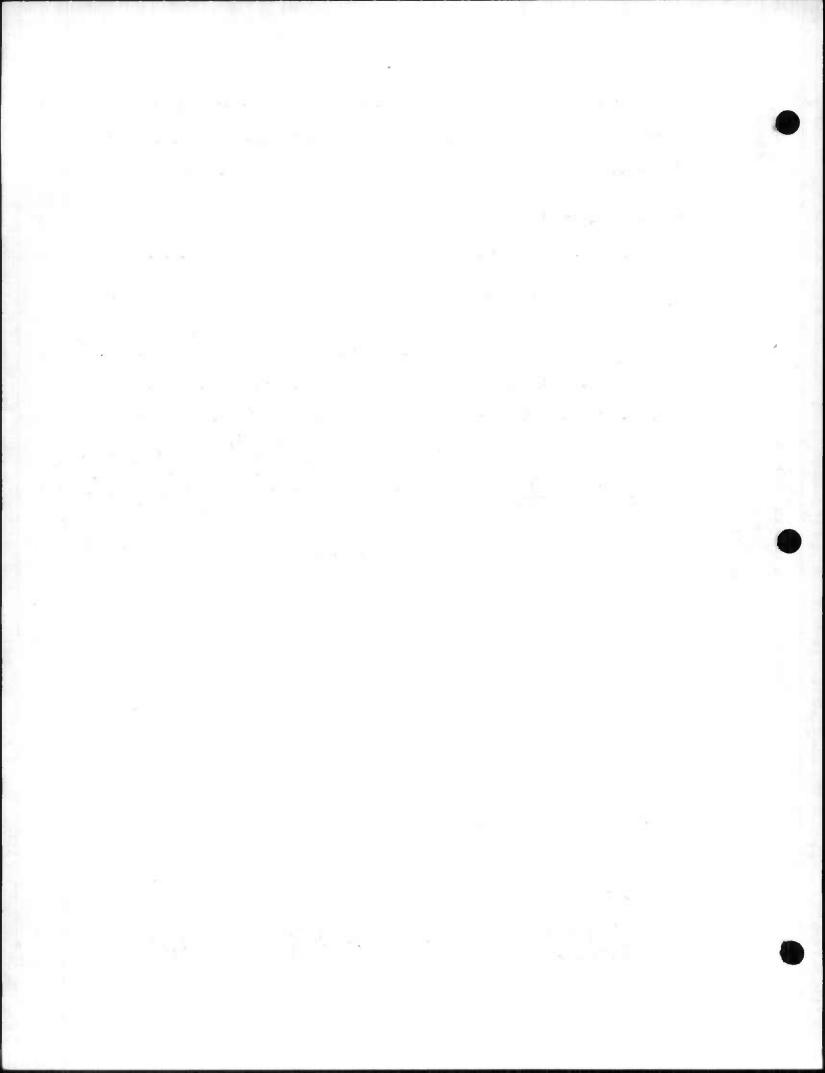
Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month Dey **Physician** James Edward Robey 19, 1997 June 6pm /Medicai 4a. Facility Name (If not institution, give street and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner 15075 Oaks Road Charles Charlotte Hall If Under 24 Hrs. Hours Min. 8. Dete of Birth (Month, Day, Year NOV . 17, 1 If Under 1 Year 5. Social Security Number 7. Age (In yrs. last birthday) Funeral Birthplece (State or Foreign Country) 1 M 2 □ F Days 58 Yrs. Director 213-38-3236 1938 Maryland Usual Residence of Decedent Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits mast be notified at 1 Yes 2 No Director Maryland Charles Charlotte Hall ä 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ij items 23s or 15075 Oaks Road 20622 USA 11. Meritel Status 12. Was Decedent Ever In U.S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-II Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Bleck, White, etc. 72 hours after 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Detes: 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 'natural', or 1 ☐ Yes 2 No Specify py Specify: 3 Widowed 4) Divorced White Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry filed within than Elementery/Secondary (0-12) College (1-4or 5+) Heavy Equipment Operator Construction 8 Hygis is marked other 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) permit. Pages 1 and 2 should be f Department of Health and Mental I important: If Nem 27 is marked of George Arthur Robey Anna Graves 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Joyce Robey - Sister 15075 Oaks Road, Charlotte Hall, MD 20622 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 ☐ Buriel 2 ☐ Cremetion 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) 8 Ft. Lincoln Cemetery 6-25-97 Brentwood, Maryland 21. Signature of Rines 22. Name and Address of Facility Huntt Funeral Home, Inc. RIDGEL HUNTT M00310 P. O. Box 156, Waldorf, MD 20604-0156 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart feilure. List only one ceuse on each line. Approximete Interval Between Onset and Death **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) Lung Cancer Examiner Due to (or es a consequence of): Examiner The law requires that the death certificate be executed Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest and Due to (or as a consequence of): physician a Division of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es a consequence of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. thed 23b. Did tobacco use contribute to the cause of death? 2 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown signed b þ 24e. Was en autopsy performed? 24b. Were autopsy lindings available prior to completion of cause of deeth? Completed peen page 2 2 UNo certificate 1 Yes 2 No or Attending Physician: director 25. Wes case referred to medical examiner? Be 26. Placa of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2F 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28d. Describe how injury occurred 28c. Injury et Work? After 5 Pending investigation Neturel n 24 hours after death.

Ne Funeral Director: A
pletely filled in by the fi death. 2 Accident 1 Yes 2 No 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) Plece of Injury - At home, Ierm, street, factory, office building, etc. (Specify) 4 Homicide Cartifying Physician: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. 29a. Certifier To the Hosp within 24 hor To the Fune completely fi edical 2 Madical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the causa(s) and menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 20 0 30. Nama and eddrass of person who complated cause of daeth (Itam 23e) (Type, Print) Bo d .20646 31. Dete filed (Month, Dey, Year) 32. Registrar's Signeture State Palia Davidson Randall Registrar



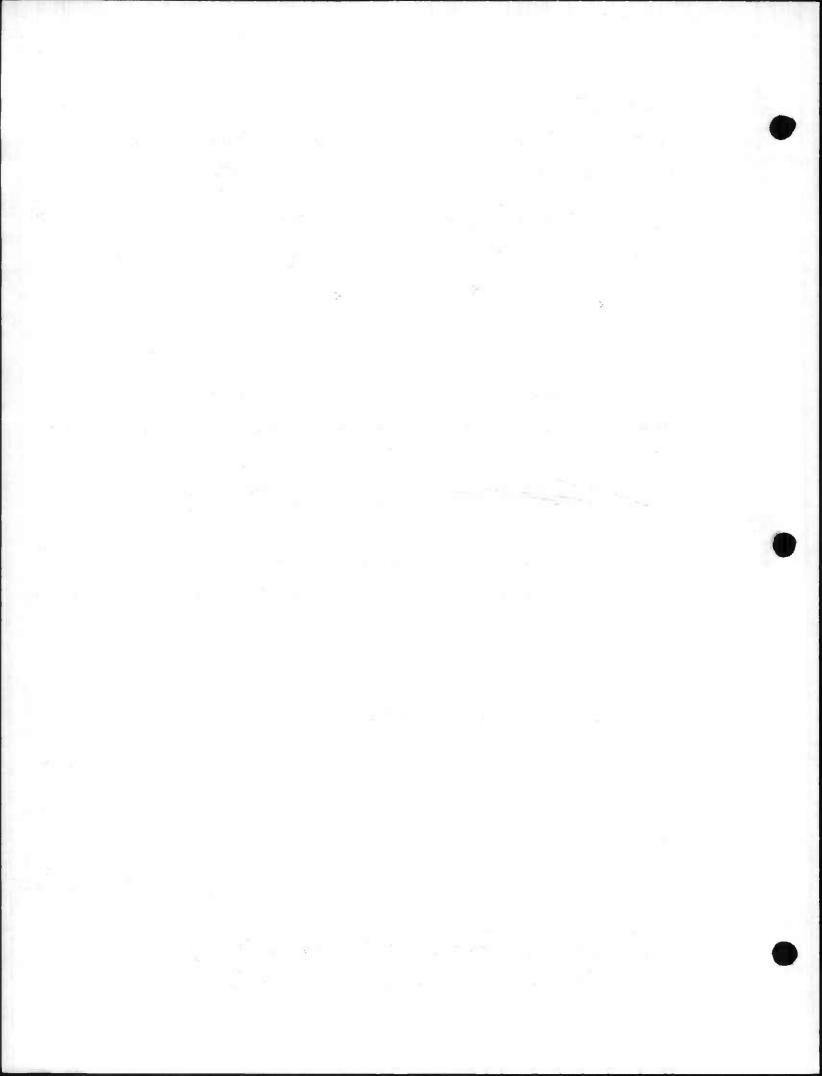
State of Maryland / Department of Health and Mental Hygiene 97 20293

					Ce	rtificate o	f Death	Re	ng. No.					
	Physic	ian	1. Decedent's Name (First, Middle, Lest					2. Dete of Deat	h	Year	3. Time of Death			
Ų	/Medi		Mignon	Y	R	logers		June 18	,1997	1001	9:24PM			
	Exami	ner	4a. Facility Name (If not institution, give 29565 All Faith		đ			cr Location of Death	St. M		S			
	, Funeral Director		5. Social Security Number 6. Se 578-30-6453	7. Age (In M 2/7 F 85	yrs. last birthdey) Yrs.	Months Day		8. Dete of Birth in. Month, Day NOV • 29	,1911	9. Birthpi Cayin Wash	lace (State or Foreign by)  Lington DC			
	yland		10a. State 10b. County	100	. City, Town or Lo	ocation				10	Od. Inside City Limits			
	Mer sh	ctor	Maryland St. Mary	s	Mechani	csville					1 ☐ Yes 2 ☐ Yes			
	23a or 28	Funeral Director	10e. Street end Number 29565 All Faith Cl	nurch Rd.		10f. Zip Code 206			Og. Citizen of W	/het Coun	try?			
020	d within 72 hours efter death with the Meryland ilene. Then "naturel", or items 23a or 28a-f show the Mexical Examiner must be notified at	by	11. Marital Status  1 □ Never Married 2 □ Married  XXWidowed 4 □ Divorced	12. Was Decedent Ever Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Detes:		Was Decedent of if Yes, specify Cu 1 ☐ Yes 2 🛣 No		(Specify Yes or No- erto Rican, etc.)		- America k, White, c				
21215-0020	within iene.	Completed	15. Decedent's Edu (Specify only highest grade Elementary/Secondary (0-12)			dent's Usuel Occ kind of work don DO NOT use retii	upation e during most of v rad) entory		Heating	Elec	ctric			
Maryland	be filed tel Hyg d other	BeC	12th 17. Father's Neme (First, Middle, Last)	- 1			18. Mother's N	ame (First, Middle, M	, Melden Sumeme)					
Z	Meni Meni	J.		ingling			Blanc		Fuggett  / Route Number, City or Town, State, Zip Code)					
Z	Ith end Ith end 27 is n traur		19a. Informant's Name/Relationship (Ty Joan R. Kidwell	(Daughter)	19b. Mailii 295	ng Address <i>(Stre</i> 65 All F	aith Chu	Rure <i>i Rou</i> te Number, LCh Rd. Me	City or Town, a echanic	or Town, State, Zip Code) anicsville MD 2065				
Baitimore,	permit. Peges 1 and 2 should be filed Department of Health and Mentel Hyg Important: If Item 27 is marked other any Injury or other traumatic event, ance.				b. Place of Dispo cemetery, crer	osition (Neme of metory or other p	(ece) Jur	e 203te	20c. Location - City or Town, State Suitland, Marylar					
Balti	permit. I Departm Importar any injur		21. Signeture of Funeral Service Licensee  22. Name and Address of Facility Lee Funeral Home, In 6633 Old Alexandria Ferry Rd Clinton											
10	Physician		23a. Part1. Enter the disease, or complishock, or heert feilure. List only or	cations that caused the de cause on each line.	death. Do not ent		$\cap$	iac or respiratory arre	est,		Approximate Interval Between Onset end Death			
	/Medical Examiner		Immediete Cause (Final disease or condition resulting in death)	CW	مررد ا	and the second second	rsky				tean			
-	P #	iner		Due	to (or as a consec	nece 3:								
-	eeth certificete be executed ettending physician and for use es the burlel-transit	Examiner	Sequentially list conditions, if any, leading to immediate	Due to (or as a consequenca of):										
68/60	ysiciar ne buri	edicai	cause. Enter Underlying Cause (Disease or Injury that initiated events	c										
DO X	ing ph	Med	resulting In death) Lest		0 (0, 00 0 00,1000	dolloo oly.								
00	eth ce		0	•					•					
	es thet the deeth ce igned by the ettend be deteched for us	by Physician	Part II. Other eignificant conditions con	inbuting to death but not	resulting in the u	nderlying cause g	iven in Part I.				the cause of death?			
Hecords,	sw requires been so should	Completed b						24a. Was ar		ava	re autopsy findings llable prior to apletion of cause leath?			
	The ate h	Com						1 □ Ye	s 2 No	1 🗆	lYes 2□ No			
N II C	ysician: The scentificate director, pag	Be	25. Was case referred to medical examiner?	ospital:				eeth (Check only one	)					
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	To the Mospital or Att within 24 hours after d To the Funeral Direct completely filled in by	edical	(Ciried Only 2 Medical Examin	clan: To the best of my er: On the basis of examend manner steted.	knowledge, death ilnation and/or inv	occurred et the t vestigation, in my	ime, date and pla opinion, deeth oc	ca, and due to the ca curred at the time, da	use(s) and mar te and piace, a	ner as stand due to	ated. the ceuse(s)			
	To t Com	≥	29b. Signature and the of certifier	N.		29c. Licer	ise number	29	6/20/0	(Month, E	Dey, Year)			
			30. Neme and address of person who con Howard M. Haf				ter, Sw	100, Le	onard	town	Waldon Road, MD			



UNDERTAKER Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. 20294 State of Maryland / Department of Health and Mental Hygiene Certificate of Death Items: 20b,c per F.H. G-749 7/17/97 reb 1. Decedent's Neme (First, Middle, Last) 2. Deta of Deeth 3. Tima of Deeth Sampson Jithe 16 ey 199 year **Physician** Sr. 5:19PM DAVID Louis /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Hoge RESTON MD CAROLINE reek 6. Sex 1 XM 2□ F If Undar 1 Yaar If Undar 24 Hrs. 5. Sociel Security Number 7. Aga (In yrs. last birthday) Birthplaca (Stete or Foreign Country) Deys 212-40-8986 Usuel Residence of Decedent 54 Yrs Director Maryland the Marylend 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits he filed within 72 hours after death with the Maryle el Hygiene 1990. I other than "natural", or flems 23a or 28a-f show vent, the Mazinsa Examine must be notified at CAROLINE 1 ☐ Yas 2 No Director EDERALSBURG 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ENTON USA Funeral 11. Marital Status 12. Wes Decedent Ever in U,S. Armed Forces? 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Rece - Amarican Indian, Black, Whita, atc. 1 ☐ Yas 2 KNo If Yes, Give Yaer or Detes: 1 □ Never Merried 2 □ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Black Specify: þ 3 ☐ Widowed 4 M Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highast grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Farm 11th Laborer other traumatic event, permit. Peges 1 and 2 should be file Department of Health end Mentel Hy Important: If Itam 27 Ia marked othe any Injury or other traumatic event 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Sumeme) Be Willie L. Sampson Manie Jenkins 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) David L. Sampson, Jr. (son) 317 Old Denton Road, Federalsburg, Maryland 21632 20b. Placa of Disposition (Name of cametery, crematory or other ple Federal Hill Cemetary 20a. Method of Disposition 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 Removal from State 6/22/97 Federalsburg, Md. 4 □ Donation 5 □ Other (Specify) John's Cemetery 6/21/97 Preston Maryland 21. Signetura of Funarai Service Lisensee 22. Name end Address of Fecility Bennie Smith Funeral Home P.O.Box 1687, Easton, Maryland 21601 shock, or heer feilure. List only one cause *on* each line. Approximeta Interval Between Onset end Death **Physician** /Medical Immediate Ceuse (Finel disease or condition resulting in deeth) Examiner Examiner enosderotic buriel-transi Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest pue Due to (or es e consequenca of) physician the burie Box 68760 Physician/Medical Dua to (or as e consequenca of): ed by the e Pert II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? P.O. signed by Alcohol abuse history 3 Probably 4 Unknown 1 Yes 2 No Division of Vital Records. à 24b. Were eutopsy findings svaileble prior to completion of cause of deeth? should I Completed 24e. Wes en eutopsy performed? 1 ☐ Yas 2 ☐ No director, 25. Wes casa referred to medical exeminer?
Yes 2□ No Be 26. Piece of Deeth (Check only one) reld Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28d. Describe how Injury occurred Certification: 27. Menner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? After Naturel 2 Accident 5 Pending invastigation deeth. 1 ☐ Yes 2 ☐ No Mospital or Attendi 24 hours efter deeth. Funeral Director: A 28e. Pleca of Injury - At home, farm, street, fectory, office
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State of Maryland / Department of Health and Mental Hygiene 97 20295

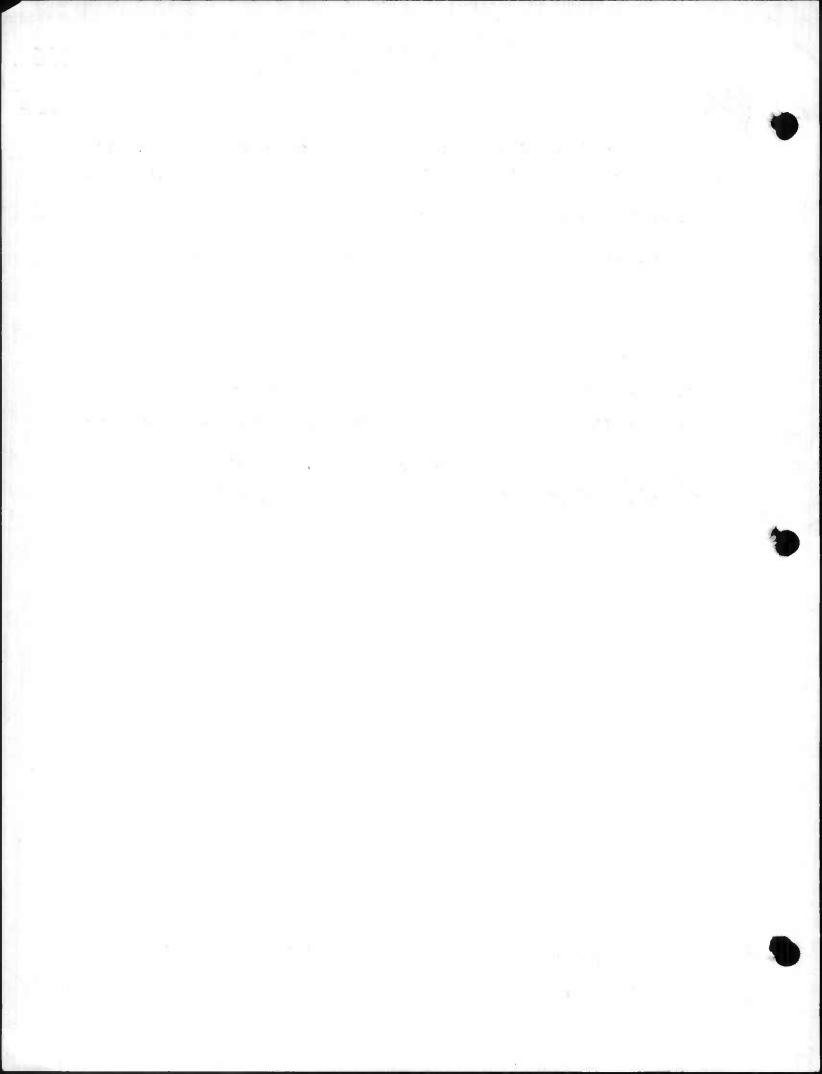
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	or 28	Funeral Director	10e. Street end Number			i	10f. Zip Code			10g. Citizen of V	Whet Country	13				
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DIVISION	or Attandetter deet Director:	Certification:	3 ☐ Suicide 6 ☐ Could not determined			ırm, street	, tactory, office		28f. Location (5 City or Tox	Straet end Numb m, Stete)	er or Rural F	Route Number,				
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7	Examir		4e. Facility Name (If not institution, give	street end number)				4b. City, Town, or	Location of Deet	4c. County	of Death	
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	land m m		10e. Stete 10b. County		10c. City,	Town or Lo	cation				10d. Ir	nside City Limits
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	4271.1		23e. Pert1. Enter the diseese, or compli- shock, or heart feilure. List only or	cetions that caused ne ceuse on each lin	the deeth. le.	Do not ent	er the mode of dy	ing, such es cardie	c or respiretory e	rrest,	Inte	proximeta ervel Between set end Deeth
Ŧ	Physician /Medical		Immediate Cause (Final					-1 4				
	Examiner	1	disaese or condition resulting in deeth)	All	ered	me	ntal	Status			2	days
	A SECTION	Je.			Due to (or o	es e consec	uenca of):					
	uted	Examiner	Secure tielly list assertitions		Pue to for	es e conseq	150000	<u> </u>				
ó	The law requires that the death certificate be assocuted sta has been signed by the attending physician and page 2 should be datached for use as the bunal-transit	Exa	Sequentially list conditions, if any, leading to immediate cause. Enter Undarlying		000 10 (01 6	33 6 0011369	delice oi).					
68760,	ita be iysicii na bu	Medical	thet initiated events	:	Due to (or e	s e conseq	uence of);					
	ng ph as t	Med	resulting in deeth) Lest		,		,				i	
Box	aath ce attendii I for use		d									
. E	that the death led by the atter detached for u	Physician/	Part II. Other significant conditions con	tributing to death bu	it not result	ing in the u	nderlying cause g	iven in Pert I.	23b. Did	tobacco use co	ntribute to the	cause of death?
P.0.	at the	Phy	Dean Vois	Thm	mh 12	CiS			1 🗆	Yee 2/2 No	3 Probably	4 Unknown
Ś	as tha igned be da	by	veg ven	,,,,,,,		. (0						
Division of Vital Records,	v require been si	Completed	Deep Vein Grastrom t typo tensis	es trap	5	leedi	9			en eutopsy ormed?	availabl	utopsy findings le prior to
ec	has by	npie	4.	2			<i>U</i>				of deeth	tion of cause h?
E .	The late he page	Con	typo lensis	en pos	ssibl	e re	psis		1 🗆	Yes 20 No	1 ☐ Yes	s 2 No
/ita	dclan: The	Be	25. Wes case referred to medical examiner?				1		eth (Check only	one)		
5	Physician: this certific ral director,	T _o	1 ☐ Yes 2 No				I SU DON		Home 5 ☐ Resi			
L L	Aftar funar	on	27. Menner of Deeth  1-Menurei 5 ☐ Pending	28e. Dete of Injury (Month, Dey	Yeer) 2	8b. Time of Injury	28c. Inju		28d. Describe	how injury occur	red	
S	Attending Ist death.	cat	2 Accident Investigation 3 Suicide 6 Could not be					Yes 2 No	001.1			
$\leq$	7 4 4 C	Certification:	4 ☐ Homicide determined	28e. Place of Inju building, etc.	ry - At hom . (Specify)	ia, farm, str	eet, fectory, office		City or To	Street end Numb wn, Stete)	er or Hural Hou	ite Number,
_	pital prail		29a Carthiar D.C.	Inless To the Control	4 mars for			· · · · · · · · · · · · · · · · · · ·				
	Hos Fun Fun	edicai	29a. Certifier (Check only one) 12 Certifying Phya	ier: On the besis of	axeminetio	edge, deeth n end/or inv	occurred et the ti restigetion, in my	ime, dete end plece opinion, deeth occu	e, end dua to the urred et the time,	cause(s) end me date and piece,	end due to the	cause(s)
	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	Mec	29b. Signeture end title of certifier	and menner stell	ieu.		29c. Licen	sa number		29d. Data signe	d (Month, Day	Year)
			6. Gupta-ma				m	46398	,			914
F	10		30. Name end eddress of person who co		ash //	10-1 (T		7 - 70	9	June 1:	-1 132	/
			6. Gunta Mo. 1			-	Lane	# 409	, Ro	ckvelle	MO	20852

State Registrar



State of Maryland / Department of Health and Mental Hygiene 97 20297

							Cer	tificate of	Death		Reg. No.	1	
Dh		1. Dacedent's Nama (First, M	ddia, Last)			0				2. Deta of D	eath	V.C.	3. Time of Death
Physic /Medi		SARAH			0	5.		SCHIL	dkang	Month	Day	Yaar 1997	4:4000
Exami		4e. Fecility Nama (If not institu							4b. City, Town, or	Location of Dee	th 4c. County	of Death	- FE
		Washington Ad	vent:	ist Ho	spit	al			Takoma			tgome	ry
Funeral Director		5. Social Security Number 217-44-3005	6. Sex	( )м 2Д.F	7. Aga (	In yrs. last 89	birthday) Yrs.	Months Days			rth ay, Year) 4, 1908	9. Birthp Coun Penns	laca (Stata or Foreign stry) Sylvania
pg a		Usual Rasidance of Daceden 10a. State 10b. Cou				Oc. City, To							
show and at	5											1	0d. Insida City Limits 1 ☐ Yes 2 ☑ No
the Mar 28a-f si notified	ect	MD Prin	ce G	eorge'	S	Hyat	tsvíl	T					
death with the Maryla ms 23a or 28a-f show const. be notified at	al Dir	1300 Quebec S	treet	_				10f. Zip Coda 2078	3		10g. Citizen of 1	Whet Coun	try?
ours after deal aif, or items.	by Funeral Director	11. Marital Status  1 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Married 2 Navar Ma	larried	12. Was Dad Armed Fe 1 ☐ Yas If Yas, Gi Yeer or D	orces? 22 No ive	ar in U,S.		/as Decedent of Yes, specify Cul ☐ Yas 2 ☐ No	Hispanic Origin? ( ban, Mexican, Pua Specify:	Specify Yas or N rto Ricen, atc.)		14. Race - American Indian, Black, Whita, atc.  Specify: White	
within 72 ho sne. than "natur te Medical	Completed	15. Dece (Specify only hig Elementery/Secondary (0-1 1.2		cation complated) Collega (			(Giva k lifa. D		a during most of wo ed)	orking		Kind of Business/Industry	
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of the second	Be	John McMenam							Unknown	ama (First, Middle	, Maiden Suman	ne)	
d Me d Me mark mark	2	19a. Informant's Name/Raiati		no Drintl		4	Ob. Maille	Address /Chr		N	th out a reci	0	0.11
aith an 27 is er trau		Harry L. Scl							et and Number or F e Terrac				
Tan Tan		20a. Mathod of Disposition	ITTUK	amp JI	•			ition (Nama of	e Terrac	Deta Deta	20c. Location		
Pages nert of mrt: If it iry or o		1 X Burial 2 ☐ Cramation 4 ☐ Donation 5 ☐ Otha		amoval from	Stata	cema	tary, cram	atory or other pla 1 Cemet			Suitlar		
permit. Pa Departmen important any injury once.		21. Signature of Funaral Sarv	ce License	L	Ba	ass of Facility F	Francis J. Collins Funeral JNiversity Blvd. West						
Physician /Medical		23a. Part1. Enter the disease shock, or heart feilura. I Immediate Causa (Final disaase or condition	or complicient only on		RI						rrest,	1	Approximate Interval Batween Onsat and Death
Examiner	_	rasulting in death)	а			a to (or as	a consequ	anca of):			-	1	
D is	ine		, b	S	ep:	515							
death certificate be executed e attending physician and rd lor use as the burial-transit	edical Examiner	Sequentially list conditions, if any, leading to immediate cause. Entar Underlying Cause (Diseesa or injury that initiated evants		I	sch	ne to (or as	ìc	Colo	^				
ding bh	$\mathbf{z}$	resulting In daath) Lest	٥			a 10 (01 a3	o consequ	ance ory.		V			
death ce attendid	Ca	Part II. Other significant cond	Hinne cont	tributing to d	eath hut n	ot soculting	In the un	tartista course di	han in Bart I	22h Did	tohoooo use oo	ntelbute to	the seven of double?
requires that the death certific een signed by the attending p hould be detached for use as	by Physiclan/	Hypot	hyro	id is	M	iot rasulting	j iri tria uri	Janying ceusa gi	van in Part I.		Yes 2□ No	3 Prob	the cause of death?
> .0 0	Completed	History	d	C	VA						an eutopsy ormad?	ava	ra autopsy findings illabla prior to npletion of ceuse leeth?
ifclen: The lav certificate has rector, page 2	PO.	Hune	v te	VI SLE	1	•				10	Yas 20 No	10	Yas 2 No
an: rtifica	Bec	25. Wes cesa refarred to med	cel		,				26. Plece of Da	ath (Check only	ona)		
Physician: r this certific and director,	To	examinar? 1 ☐ Yes 2 ☐ No	H	ospital:	Inpatient	2□ER/	Dutpatient	3□ DOA Ot	hor	Homa 5 ☐ Resi		ar (Snacih	4)
ding Phys		27. Manner of Death 1 Natural 5 Pan 2 Accidant	ding stigation	28a. Data (Mon			. Tima of Injury	28c. fnju Wo		T	how injury occur		/
I or Attending after death. Director: After d in by the fune	Certification:	3 Suicida 6 □ Cou		28e. Plece buildi	of Injury ing, atc. (S	- At homa, Specify)	farm, stree	et, factory, office		28f. Location ( City or To	Street and Numb wn, Steta)	per or Rura	Route Number,
To the Hospital or Attending Physician: within 24 hours after death. To the Funeral Director: After this certific completely filled in by the funeral director.	edical C	29a. Cartifiar (Check only one) Certification 2 Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medical Medica	ring Physi al Examin	er: On the b	best of masis of axi	amination a	ga, death o and/or inva	occurred et the ti stigation, in my	ima, deta and place opinion, daath occ	e, end due to the urred at the time,	causa(s) and ma data and place,	anner es st and due to	eted. tha cause(s)
To the within Q comp	Me	29b. Signatura and title of cert	fier_		T	اهن	tor	29c. Lican	sa number	14	29d. Deta signe	d (Month, L	Day, Year)
		30. Nema and addrass of pers	on who con	pleted ceus	a of death	0 1	(Type, P	rint)	av 0.0.	Park	mp 7	2091	2
Sta	te	31. Data filed (Month, Dey	1110	1007°2. R	legistraff's	Signature	4 9	C P C C	MOYMA		1.10	- /	

#23 A - checked = T. Wary Met D

4.8

and the second second

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 2. Dete of Deeth

**Physician** /Medical **Examiner** 

1. Decedent's Neme (First, Middle, Last) PATRICIA

ELAINE

SCHNEIDER

3. Time of Death

10d. Inside City Limits

White

4 days

1 ☐ Yes 2 ☑ No

**Funeral** Director

Director

Funeral

þ

Completed

Be

permit. Peges 1 and 2 should be filed within 72 hours effer death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural" ~ '- any highty or other traumatic event.

**Physician** /Medical Examiner

use i within 24 hours after deat To the Funeral Director:

The law requires that the death certificate be executed

Attending Physician:

ŏ

Division of Vital Records, P.O. Box 68760,

Examiner clan/Medical 5 3

JUNE 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death ROCK/TIJ.F. MC
If Under 24 Hrs. 8. Dete of Birth
Hours Min. (Month, Day, Year) SHADY GROVE ADVENTIST HOSPITAL MONTGOMERY If Under 1 Yaar Months Days 7. Aga (In yrs. last birthdey) Birthplece (State or Foreign Country) Days 1□ M 21XF 216-64-1542 Maine Usuel Residence of Decedent 10a. Stete 10b. County 10c. City, Town or Location Montgomery Maryland Darnestown 10e. Street end Number 10f. Zlp Code 10g. Citizen of What Country? 13305 Darnestown Road 20878 United States 12. Was Decedant Ever in U.S. Armed Forcas? 11. Meritel Stetus Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) 14. Race - American Indien. 1 ☐ Never Married 2 ☑ Married 1 ☐ Yes 2 ☑ No If Yes, Give 1 ☐ Yes 2 ☐ No Specify. 3 ☐ Widowed 4 ☐ Divorced Yaar or Detes: 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) Office Manager Computer 17. Fathar's Name (First, Middle, Last) 18. Mothar's Nema (First, Middle, Meiden Sumeme) Hal N. Swaney Jeanette G. LaJoie 19e. informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Charles R. Schneider/Husband 13305 Darnestown Road, Darnestown, MD 20b. Piece of Disposition (Name of cematery, cremetory or other piece) June 19, 1997 20e. Method of Disposition 20c. Location - City or Town, Steta 1 ☑ Burlel 2 ☐ Cremetion 3 ☐ Removel from Stete Gate of Heaven Cemetery 4 ☐ Donetion 5 ☐ Other (Specify) Silver Spring, Maryland 22 Name end Address of Facility
Robert A. Pumphrey Funeral Home/Rockville, Inc.
300 West Montgomery Avenue
Rockville, Maryland 20850-2805 21. Signeture of Funeral Service Licenses M00198 23e. Pert 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest shock, or heer failure. List only one ceuse on each line. Immediete Ceuse (Finel diseese or condition resulting in deeth) BLEED . INTRACTANIAL Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Diseasa or Injury that initiated events resulting in daeth) Lest Due to (or es e consequence of)

Pert II. Other significant conditions co			g cause given in Pert I.	23b. Did tobacco use co 1 ☐ Yes 2 ☐ No	ntribute to the cause of death?  3 Probably 4 Unknow
HYPERTER	5102			24e. Wes en autopsy performed?	24b. Ware autopsy findings available prior to completion of cause of deeth?  1 \( \text{Yes} \) 2 \( \text{No} \) No
25. Wes case referred to medical exeminer?  1 Yes 2 No	Hospitel patient 2	ER/Outpetient 3□	Other	eeth (Check only one)  Home 5 Pesidence 6 Oth	ner (Specify)
27. Nanner of Peath  1 Neturel 5 Pending 2 Accident investigation	28 Date of Injury (Month, Day Year)	28b. Time of Injury M	28c. Injury et Work? 1  Yes 2 No	28d. Describe how injury occur	rred
3 Suicide 6 Could not be determined	28e. Plece of Injury - Al h building, etc. (Speci	nome, ferm, street, fect fy)	ory, office	28f. Location (Street and Numb City or Town, Stete)	ber or Rural Route Number,
29a. Certifier (Check only one) Certifying Physics Medical Examples	rsician: To the best of my knot iner: On the besis of examina end menner steted.	owledge, deeth occurre atlon and/or investigation	ed et the time, dete end pled on, in my opinion, death occ	ce, and due to the cause(s) and mourred et the time, date end plece,	enner es steted. end due to the ceuse(s)

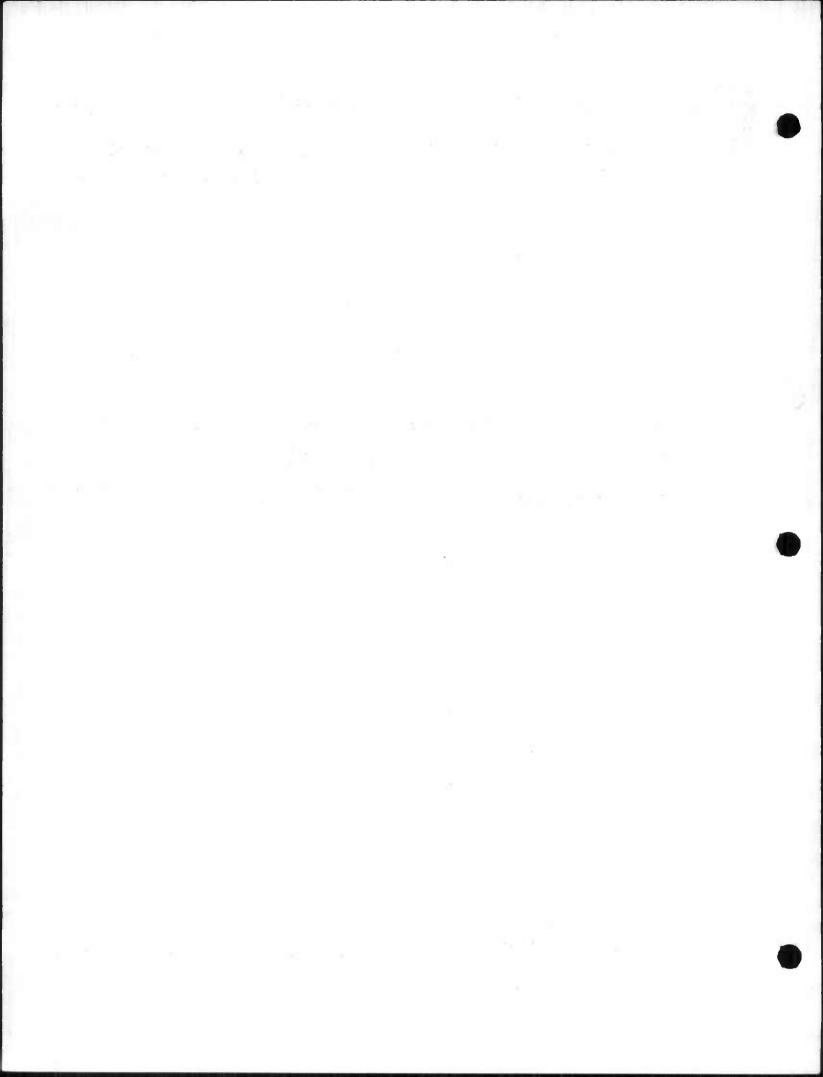
10

State Registrar

ess of pereon who completed cause of deeth (Item 23e) (Type, Print)

D 21340 June 15, 1997

pe, Print) Grove load Ruckule, Md 20850



State of Maryland / Department of Health and Mental Hygiene

If Under 1 Yaar

10f. Zip Code

Items: 23a part I.27 per MEO G-749 7/8/97 dh

Certificate of Death 2. Data of Death 3. Time of Death Month Day Year JUNE 10, 9:49 PM

8. Date of Birth (Month, Day, Year)

Jan.8,

**Physician** /Medical Examiner

4a. Facility Name (If not institution, give street and number) MONTGOMERY GENERAL HOSPITAL 4b. City. Town, or Location of Death

1997

5. Social Security Number 7. Age (In yrs. last birthday)

1□ M 2€ F

I.

OLNEY

If Undar 24 Hrs.

MONTGOMERY

4c. County of Death

1997

**Funeral** Director

r than "natural", or froms 23s or 28s-f show the Medical Examiner must be notified at

Funeral

Completed by

Be

the Maryland

death with

filed within 72 hours aftar

Hygiene.

L. Pages 1 and 2 should be filed w tment of Haath and Mental Hygien tant: If Itam 27 is marked other th ijury or other traumatic event, the

Department of Important: If any Injury or

**Physician** /Medical

Examiner

for use as the burial-tran

physician

attanding

signed by

certificate

this funeral

After

the

filled in by

s after death.

To the Hospital o within 24 hours aff To the Funeral Di completely filled in

8

page 2 should

The law requires that the death certificate be executed

P.O. Box 68760,

Records,

of Vital

Division

or Attending Physician:

Physician/Medical Examiner

þ

Completed

Be

2

Medical Certification:

21215-0020

altimore, Maryland

Usual Residence of Decedent 10a. State 10b. County MD Montgomery

1. Decedent's Name (First, Middle, Last)

KADIJAH

10c. City. Town or Location Silver Spring 10d. Inside City Limits 1 ☐ Yes 2€ No

Birthpiace (Steta or Foreign Country)

Maryland

Director 10e. Street and Numbe

None

13533 Georgia Avenue, #201

20906

10g. Citizen of What Country? U.S.A.

11. Marital Status

1 Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced

12. Was Decedent Ever in U,S. Armed Forcas? 1 ☐ Yes 2 ☑ No If Yes, Give

SESAY

13. Was Decedent of Hispenic Origin? (Specify Yas or No If Yes, specify Cuban, Mexican, Puerto Ricen, etc.) 1 ☐ Yas 2X No Specify:

14. Race - American Indian, Black, White, etc. Specify: Black

15. Decedent's Education (Specify only highast grade completed) Elementary/Secondary (0-12)

College (1-4or 5+)

16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired)

N/A

16b. Kind of Businass/Industry

N/A

17. Father's Name (First, Middle, Last)

Samura Sesay

18. Mother's Name (First, Middle, Maiden Surname)

Date

Marriama Barrie

19a. Informant's Neme/Relationship (Type, Print)

19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, State, Zip Code)

Marriama Sesay (Mother)

20b. Place of Disposition (Neme of cemetery, crematory or other place)

13533 Georgia Ave., Silver Spring, MD 20906 20c. Location - City or Town, State

20a. Method of Disposition

1X Burial 2 ☐ Cramation 3 ☐ Removal from State 5 Other (Specify)

Gate of Heaven Cem.

6/13/97 Silver Spring, MD

21. Signature of Funeral Service Licental

ase, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, s. List only the cause on each line.

22 SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850

Immediate Cause (Final disaasa or condition resulting in death)

SUDDEN INFANT DEATH SYNDROME

Due to (or es a consequence of)

Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting In death) Last

Due to (or as a consequence of).

Due to (or as a consequence of):

Pert II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part f.

23b. Did tobacco usa contributa to the causa of death? 1 Yas 2 No 3 Probably 4 Unknown

24a. Was en autopsy

24b. Were autopsy findings aveilable prior to completion of ceuse of death?

Approximata fnterval Between Onset and Death

1,27 Yes 2 □ No

26. Place of Death (Check only one)

1. Yas 2□ No

25. Was case referred to medical axaminar? 1⊠ Yes 2 No

5 Pending investigation

6 Could not be

1 ☐ Inpatient 2 ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year)

28b. Time of

Place of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury at Work? 1 ☐ Yes 2 ☐ No

O.C.M.E

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28d. Describe how injury occurred

29a. Certifier (Check only one)

27. Manner of Death

1 Watural

2 Accident

3 Suicide

4 ☐ Homleide

1 Certifying Physician: To the best of my knowledge, death occurred at the time, date end place, and due to the ceuse(s) end manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and dua to the cause(s) and manner stated.

29b. Signature and titia of certifier

29c. License number

29d. Date signed (Month, Day, Year) JUNE 11, 1997

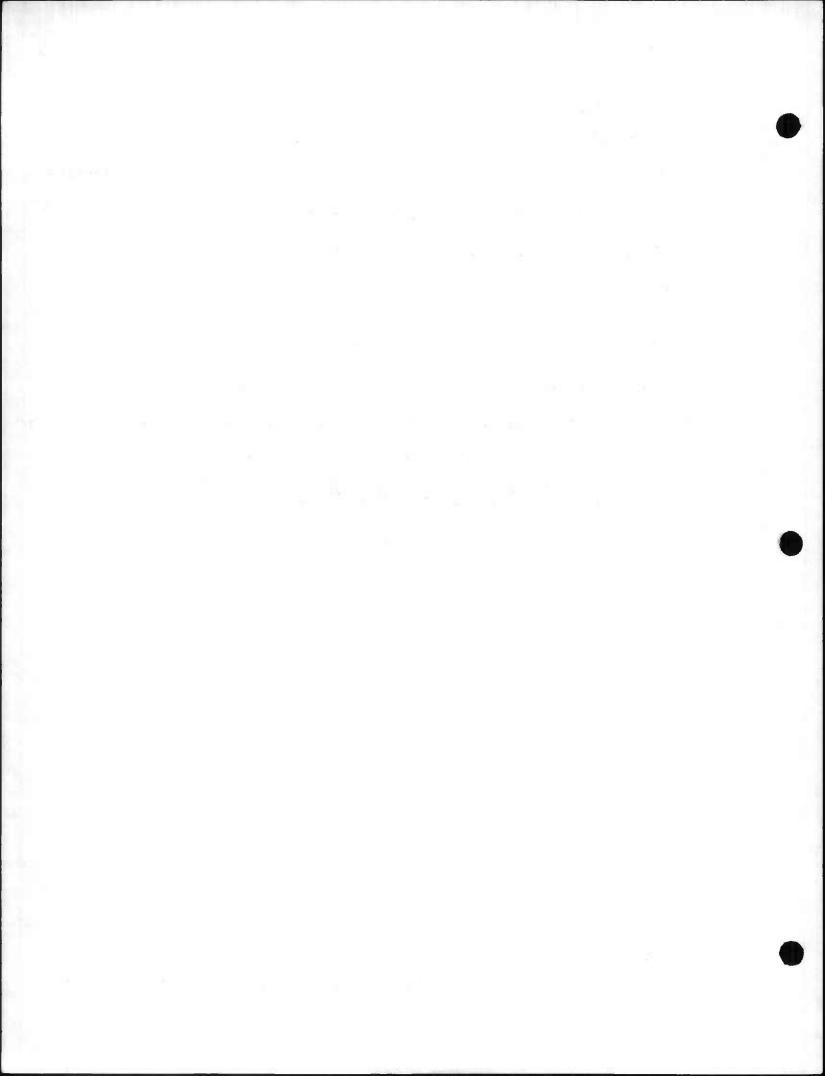
28f. Location (Street and Number or Rural Route Number, City or Town, State)

who completed cause of death (Item 28s) (Type, Print)

Radrotz, M 111 Penn Street, Baltimore, Maryland 21201 Stephen

1997³². Hegistrar's Signature Tulia Davidson -Randoll

State



		FOR
1	-	STATE REGISTRAR
г		

# STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIF	CATE OF DEATH	REG. NO.											
	1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF OEATN MONTH DAY	3. TIME OF DEATN										
	ADEL SHAIN		JUNE 18 199	97 8:55 A M										
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	B. BIRTNPLACE (State or Foreign										
	113-03-0829 1 □ M 2 🖫 F 91 YRS.	MONTHS DAYS HOURS MIN.	JULY 15 1905	POLAND										
or.	9e. FACILITY NAME (If not institution, give street and number) HEBREW HOME OF GREATER WASHINGTON	9b. CITY, TOWN OR LOCATION OF DE		INTY OF DEATH										
DIRECTOR	RESIDENCE OF DECEDENT	ROCKVILLE	MUN	NTGOMERY										
EC		, TOWN OR LOCATION		10d. INSIDE CITY										
	MD MONTGOMERY	ROCKVILLE		IMITS?										
	10e. STREET AND NUMBER	101. ZIP CODE	10g. CIT	IZEN OF WHAT COUNTRY?										
FUNERAL	6105 MONTROSE ROAD	20852	-	USA										
B	11. MARITAL STATUS  1 Never Married 2 Merried  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF NISPAN If yes, specify Cuben, Mexica 1  YES 2 NO Specify		14. RACE — American Indian, Black, White, etc. Specify: WHITE										
COMPLETED		USUAL OCCUPATION ork done during most of working	16b. KIND OF BUSINESS/INC	DUSTRY										
ET	Elementary/Secondary (0-12) College (1-4 or 5 +)	ork done during most or working ) retired.)												
MP		EMAKER	OWN HOME											
	17. FATHER'S NAME (First, Middle, Last)	ME (First, Middle, Maiden Surneme)												
BE	ABRAHAM ISRAEL CHAIM MONCARSZ		KE CHASDAI											
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		FDISPOSITION (Name of		City or Town, State										
	1 X Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	MEMORIAL GDNS		LLS CHURCH VA										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA	CILITY											
	Acanh and time		LDBERG MEMORIAL											
-	23. PART i. Enter the diseases, or complications that caused the death. Do n	1170 ROCKVILI	E PIKE, ROCKVI	LLE MD 20852										
	shock, or heart failure. Liet only one cause on each line.	or enter the mode or dying, such	n aa cardiec or reapiratory an	Interval Between										
	IMMEDIATE CAUSE (Finel disease or condition LLEOATI	MANN MAS	-	Onset and Death										
	disease or condition resulting in death)  a. HEPATIC FAILURE  DUE TO (OR AS A CONSEQUENCE OF):													
_	- LYMPHOMA 12 YEA													
5	Sequentially list conditions, If any, leading to immediate													
CA	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury													
E	thet initiated evente DUE TO (OR AS A CONSEQUENCE OF	):												
CERTIFICATION	resulting in death) LAST													
	PART II. Other algorificent conditions contributing to death but not resulting it	the underlying cause given in	Part i. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS										
DICAL	DEMENTIA, MORTIC REC	SURGITATIO	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE										
W I		14/54/11/19	1 □ YES 2 NO	OF DEATH?										
Σ.	DID TOBACCO USE CONTRIBUTE TO CAUSE OF	DEATH YES IN NO		1 TYES 2 NO										
AN	25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Ch												
SIC	EXAMINER?  1 VES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA	OTHER: 4 Defursing Home 5  Residence												
PHYSICIAN:	27. MANNER OF DEATH 28e. DATE OF INJURY 28b. TIM	OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY OC	CURED										
	1_2 Natural 5 Pending	M 1 YES 2 NO												
D BY	3 Suicide 28e. PLACE OF INJURY — At home, farm, s	treet, factory, office	281. LOCATION (Street and Number	r or Rural Route Number,										
E	4 Homicide determined building, etc. (Specify)		City or Town, State)											
3.	29e. CERTIFIER (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Check only (Ch	d at the time, date end place, end due	to the causele) and menner ee ata	rtad.										
COMPLETE	one) 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation													
	29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUM		TE SIGNED (Month, Day, Year)										
BE	Steries Form MD	DO	5885 D (	6/18/97										
			7007	0/10/1/										
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type,	Print)												
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,  STEVEN LIPSON  31. DATE FILED (MOTER PROPERTY)  32. RIGISTRANSSIGNATURE  32. RIGISTRANSSIGNATURE	Print) MONTROSE	FRD, RO	CKVILLE										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with hours after death. Page 6 may be retained by the bospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 12

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760

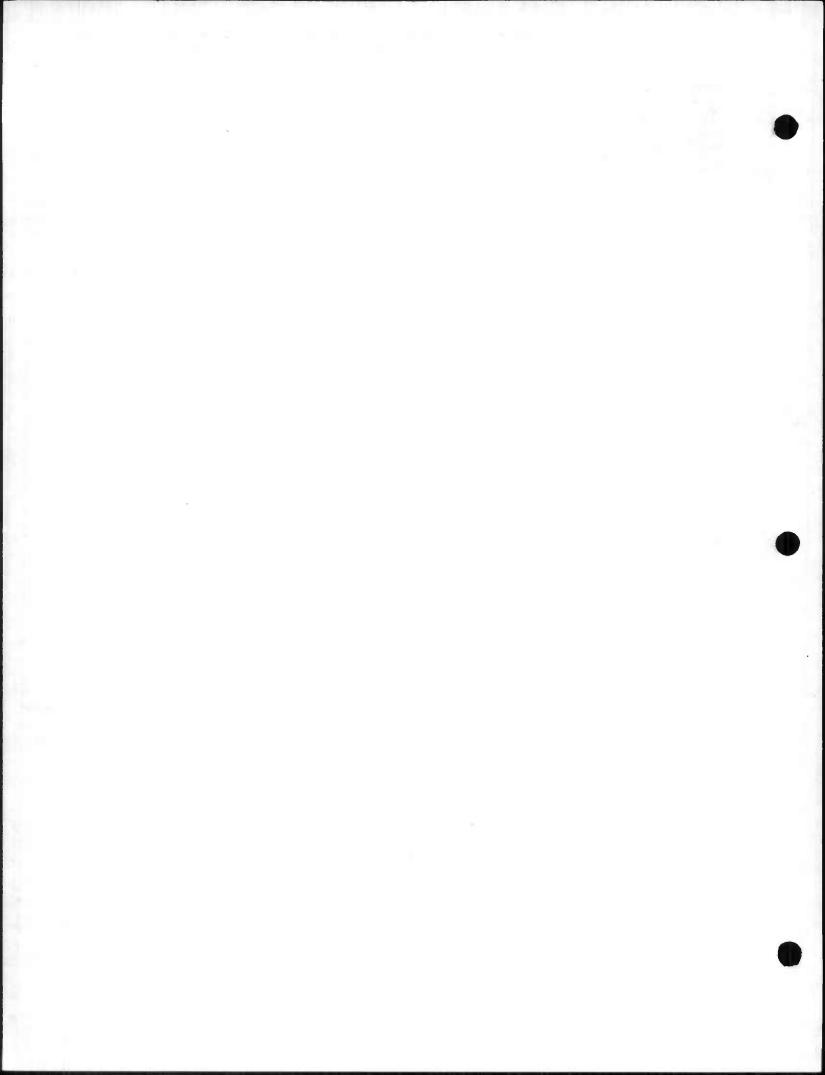
State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

97

20301

							Ce	niiica	te or	Death			Reg. No.			
	Physici	an	1. Decedant's Nam	na (First, Middle, i	Last)							2. Data of D Month	eath Dey	Year		ma of Death
J	/Medi				Flore		Carn :	Shunc	k				16, 19	97		00 PM
3	Examir	ner	4e. Facility Nama (	If not institution, g	giva street and n	umber)						ocation of Dee	th 4c. Co	ounty of Dea	ath	
				ide Hous	-			lf I look	er 1 Yaar	Clark				oward		
п	Funeral		5. Sociel Security N		. Sax 1□ M XXF		s. last birthday Yrs.	Months			Min.	8. Data of B (Month, D Jan. 2	ay, Year)	9. Bi	rthplaca (Si	tata or Foraign
	Director		368-48- Usual Rasidance of			88	3					Jan. 2	9, 190	19 M	ichiga	ın
	Jend #		10a. Stata	10b. County		10c. C	city, Town or L	ocation							10d. Insi	de Clty Limits
	Many First	to	Florida	Saraso	ta	Sa	rasota								10	Yas 200 No
	r 28e	Director	10e. Street and Nu					10f. Zi	ip Coda				10g. Citiza	n of Whef C	ountry?	
	3a o	O IE	1560 Car	ibbean D	rive			3	4231				Unit	ed St	ates	
	be filed within 72 hours effer death with the Maryland tal Hygiene. d other than "natural", or flams 23s or 28s-f show event, the Modical Evantine must be notified at	Funeral	11. Maritel Status	TDDCUIT D		cedent Ever In	U,S. 13.			Hispanic On	igin? (Sp	ecify Yes or N Rican, etc.)		Rece - Am	erican India	an,
0	or he		1 Nevar Man	ried 2X Married	1 Tas	2 🔯 No				Specify:		riican, etc.)		Black, Whita, atc.		
002	ours	d by	3 Widowed	4 Divorced	Year or	Datas:		10 143	2,50,140	Эреспу.			51	pecify: W	hite	
Maryland 21215-0020	72 h	Completed	(Spe	15. Decedent's cify only highast of	Education grada complatad	0	(Give	edent's Usu kind of w	ork dona	during mos	st of work	ing	16b. Kind	of Businas	s/Industry	
12	within hen hen	du	Elamentary/Sec	ondary (0-12)	Collega	(1-4or 5+)		DO NOT		9d)			0	n Hom		
2	tygie ther i		17. Fathar's Nama	/First Middle La	et)		Homei	naker		18 Moth	ar's Nam	e (First, Middle		n Hom	e	
an	ed be	Be C	Herbert										o, maioen ou	mamoj		
₹ 2	merk merk	2	19a. Informant's N		Carn		19h Mail	ing Addras	s (Stree	Ma	-	Sterns ral Route Num	her City or T	own Stata	Zin Code)	
Z	ges 1 and 2 should be filed within 72 hours efter death with the Marylen at of Health and Mental Hygiene. If item 27 is marked other than "natural", or itema 23a or 28a-f show or other traumatic event, the Modical Examiner must be notified at			Reardon			1			n Roa		Silver			209	02
<u>a</u>	Hear tem		20a. Mathod of Dis	position		20b.	Place of Disp camatary, cra				u,	Data		tion - City o		
9	age ento nt: If i			Cramation 3 5 ☐ Othar (Spe		n Stata	he sape				6	-17-97	Belts	ville	Mar	vland
Baltimore,	permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Item 27 is marked other than 1 any Injury or other traumatic event, the Me once.		21. Signetura of Fu		•					ass of Facili			00103	VIIIC	, mar,	yrana
ä	Depa Impo any Ir		1 2	0000	A/ 1	Cas	2	Rapp	Fune	ral S	ervi	rvices, P. A. Silver Spring, MD 20910				
			23a. Part1. Entar I	tha disaasa, or co	mplications that	ceused the de								g, MU	Appro	ximata
A.	Physician		shock, or hea	art failura. List on	ly ona ceusa on	aach lina.									Intarva Onsat	il Batween and Death
Ä	/Medical		fimmediata Causa (Final disassas or condition death)  Aspiration Pneumonia													ays
	Examiner		disease or condition a. ASPITATION PREUMONIA  esulting in death)  Dua to (or as a consequence of):													uys
	D #	ner			. Se	nile De									У	ears
	certificate be executed nding physician and use as the burial-transit	n/Medical Examiner	Sequentially list conditions, if any, leading to immediate ceusa. Enter Underlying cause (Disease or injury c.													
60,	cian c	<u>m</u>												l l		
68760,	physic the	dic	that initiated avent rasulting in death)	5		Dua fo	or es a conse	quance of)	:	_						
ox 6	nding use es	/We			d										<u> </u>	
m	eeth	clar													-	
0	y the d	Physicia	Pert il. Other signi	ficant conditions	contributing to	death but not ra	sulting in tha	undarlying	ceusa gi	ivan in Part	I.					use of death?
σ.	res that the decigned by the e	y Pi	Osteop	orotic C	ompress	ion Fra	ctures					1	Yes 201	No 3∐I	Probably	4 Unknow
rds	The law requires that the deeth ste hes been signed by the ette. page 2 should be deteched for	Completed by										24a. Wa	s an eutopsy	24b	. Wara outo	psy findings
8	w require been signal	lete										per	formed?		eveilable p complation of daath?	n of ceusa
Re	he lav e hes age 2	ошо										40	Yas 2□X	No	1 🗆 Yas	2)(1) No
ta		Be C	25. Was cesa refer	rrad to medical						26 Place	e of Deat	th (Check only		40	1 1 1 1 1 1 2 3	2,4140
2	Attending Physician: The is rideeth. ector: After this certificate he by the funeral director, page	ToB	axaminer? 1 ☐ Yas 2 💢		Hospital:	Inpatiant 2	☐ ER/Outpatie	nt 3□ D	OA Ot			oma 5□Ras		Othar (Sp	ecify)	
0	g Phy er thi neral	L.	27. Manner of Deal			a of Injury onth, Day Year)	28b. Tima o		28c. inju			28d. Dascribe			77.07	
Ö	ttending I death. ctor: After y the funer	atio	1 X Natural 2 Accidant	5 Panding Invastigat	ion	min, Day Todiy	injury	М	1	Yes 2□	No					
Division of Vital Records, P.O.	r Attend ter deeth rector: by the	Certification:	3 ☐ Sulcida 4 ☐ Homicida	6 Could not datarmina	be 28e. Place	e of Injury - At ding, atc. (Space	homa, farm, si	traat, facto	ry, office			28f. Location City or To	(Street and I	Vumber or F	Rural Routa	Number,
0	ital or as after al Dir led in			V												
	To the Hospital or Attendithin 24 hours after deatl within 24 hours after deatl To the Funeral Director: completely filled in by the	icai	29a. Cartifier (Check only	1 Certifying F	Physicien: To the laminar: On the l	basis of axamin	owiedga, daar ation and/or Ir	th occurrac	d at tha ti	ima, date ar opinion, das	nd place, ath occur	and dua to the	a causa(s) ar	nd manner a ace, and du	as stated. ua to the ce	use(s)
	within 2. To the F Complet	Medical	one)		and me	nner statad.										
	D N CO		29b. Signatura and	I INTIA OF CONTINE	- 1	1		29c. Licansa number 29d. Data signed (Month, Day, N				ui)				
×	C 15			2/	1. K				D25	947			June	17,	1997	
			30. Name and add	1 /					24	C1	الده يدخ	110	MD 03	020		
			31. Data filed (Mon	Jackson,	M. D.,		Ten Oa			clar	KSV1	He,	MD 21	029		
	Sta	te	Liu iliou (intoli	JUNTA	1997	Registrar's Sign	Hidam Y	200								



State of Maryland / Department of Health and Mental Hygiene

20302

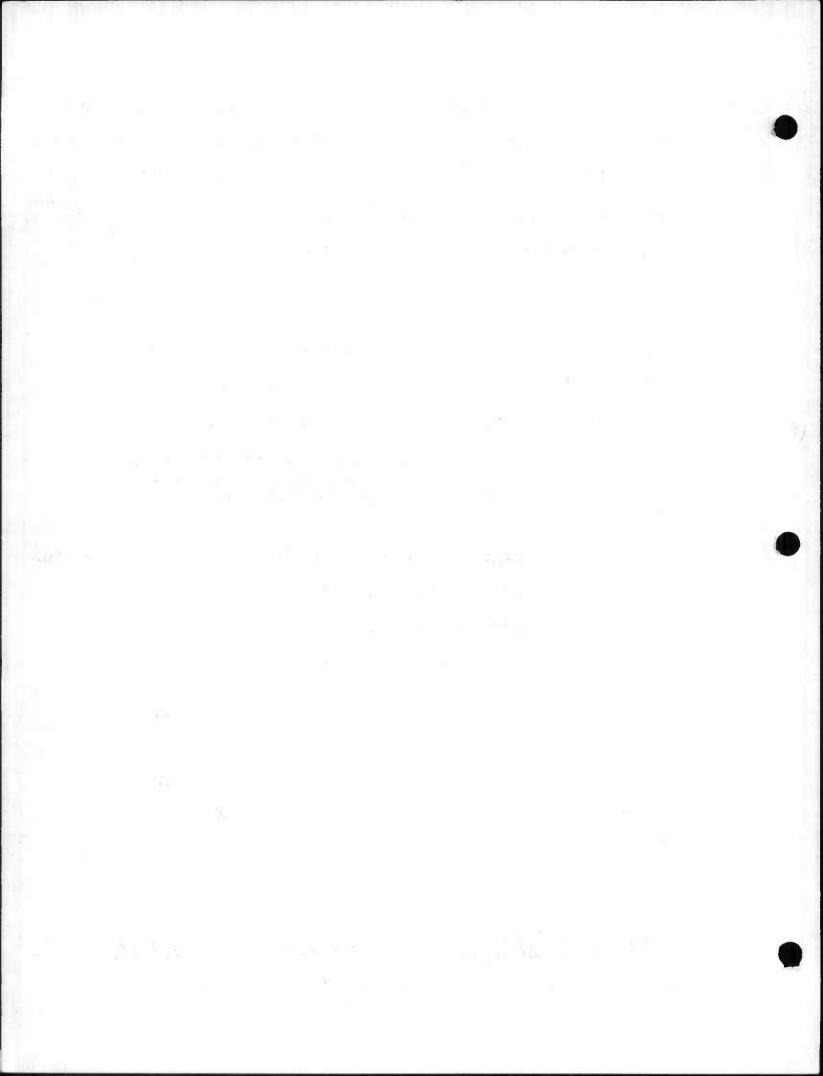
			v				,	Ce	ertificat	te of	Death			Reg. No.	31	20302	
П	Physic	ion	1. Decedent's Name (First, Middle, Lest)									2. Date of Death Month Day Ye		Yeer	3. Time of Death		
	Physicia /Medic								SIN	1MS	5		06 13		97	10:00 AM	
Exam			4a. Facility Name	(If not institutio	on, <i>give</i> s <i>treet</i>	end number)					4b. City, Town	n, or Locati	on of Death		y of Deeth		
			HOLY	Cross	HOSPIT	tal			SilverSpi			Spri	ng	Mor	1t901	nery	
	Funeral Director					je (In yrs. lest	birthday Yrs.	Months	r 1 Year	If Under 24 Hours		Date of Birt (Month, Da		9. Birthplace (State or Forei Country)  MARYLAND			
Т	P ,		Usual Residence													11.4.2.3	
	irylar show		10a. State	10b. County	/		10c. City, T								1	Od. Inside City Limits	
Maryland 21215-0020	Paris Ma		MD	Montg	omery		Silv	er S	pring							1 ☐ Yes 2 No	
	th th		10e. Street and No	umber					10f. Zip	o Code				10g. Citizen of	What Cour	itry?	
	th w		1835 Fea	therwo	od Stre	eet			20	904				USA			
	72 hours after death with the Maryland "natural", or items 23a or 28a-f show edical Examiner must be notified at	by Funer	11. Merital Status 1   Never Mas 3   Widowed	rried 2 Mar	ried 1	as Decedent med Forces? Yes 2 4 /es, Give ar or Dates:	No 1 □ Yes 2			ent of Hispanic Origin? (Specify Yes or No- fy Cuban, Mexican, Puerto Rican, etc.)  No Specify:  Occupation			14. Race - American Indian, Black, White, etc.  Specify: Black  16b. Kind of Business/Industry				
0	2 hou	Pa		15. Deceder	nt's Educetion		16a. Decedent's Usual Occu									al Occur	
715	- 1 49	Completed	(Specify only highest grade Elementary/Secondary (0-12)			College (1-4or 5+)		(Giv	(Give kind of work done during life. DO NOT use retired)		during most o	of working				,	
212	filed within Hygiene. other than "	E O						n/a						n/a			
P	al Hygie other		17. Father's Name	(First, Middle,	st, Middle, Last)						18. Mother's Name (First, Middle		rst, Middle,	Maiden Surnei			
au	ental ced o	To Be	Edward	Farl S	11000						Share	ell Simms					
2	d 2 should be filed the end Mental Hyg 7 is merked other traumetic event,	F	19a. Informant's N			int)		19h Mei	ling Address	s (Street	1			er, City or Town	Stete Zin	Code)	
N	alth or 27 is or trau			ll Simm		,			_							MD 20904	
a)	- 9 E S		20a. Method of Dis	_	o .		20b. Pleci						ate	20c. Location			
Baltimore,	5 6 E		1 ☐ Burial 2 🛣 Cremation 3 ☐ Removal from 4 ☐ Donation 5 ☐ Other (Specify)			I from State	20b. Plece of Discemetery, cr		_					Beltsv			
	pemit. Pag Depertment Important: It any injury o		21. Signature go Funeral Service Licensee  22. Name end Address of Facility Pope Funeral Homes 11315 Lockwood Drive, Silver Spring, MD										MD 20904				
		er	23a. Part1. Enter	the disease, or	r complications	s that caused	the death. I	Do not er							1116,	Approximete	
	Physician		shock, or he	ert failure. List	t only one caus	se on each li	ne.									Interval Between Onset and Deeth	
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1	Examiner											I hour 24mi					
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	rificete be executed ng physician end as the burial-transit	ai Examiner	Sequentially list c if eny, leading to i cause. Enter Und Ceuse (Disease o that initiated even	a conse	quence of):												
68760,	be e ician buria		cause. Enter Und Ceuse (Disease o														
87	phys	dic	that initiated events resulting in death) Lest Due to (or as a consequence of):														
	2 0 0	Physician/Medicai	d														
Вох	death cert e ettendin ed for use	lan															
	0 0 0	sic	Pert II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Par							ven in Part I.		23b. Dld t	obacco use co	ontribute to	the cause of death?		
P.0	d by	P									1	1 Yes 2 No 3 Probably 4			bably 4 Unknown		
S,	signed be de	by															
Records,	The law requires that the tite hes been signed by the page 2 should be detache	ted									performed?		av	ere autopsy findings allabie prior to			
ec.	hes be	Completed											mpletion of ceuse death?				
	The laste he page	E O											1 🗆 1	res 20 No	10	☐Yes 2☐ No	
of Vital	00	0	25. Was cese refe	rred to medica	ı						26. Place o	f Death (C	heck only o	ine)			
>	Physician: rthis certific ral director,	0 0	exeminer? 1 ☐ Yes 2 €	No	Hospita	l: 1 🖫 Inpatie	ent 2 ER	/Outnatie	ent 3 DC	OA Ott	her:			dence 8 🗆 Ot	her (Specif	iv)	
9	Phy or this	Ë	27. Manger of Dee		28a	Date of Inju	ry 28	b. Time						now Injury occu		*/	
Division	Attending I or death. ector: After by the fune	Certification:	1 Metural 2 ☐ Accident	5 Pendir Investi		(Month, De	y Year)	28b. Time of									
			3 Suicide 6 Could not be determined 28e. Place of injury. At home, farm, street, factory, office 28f. Location (Street end								Street end Num	mber or Rurel Route Number,					
	を計算を	erti	4  Homicide	deterri	iiilou	building, etc	c. (Specify)						City or Tox	vn, Stete)			
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edicai C	29a. Certifier (Check only	1 Certifyir 2 Medical	Examiner: Or	the basis of	examination	dge, dee and/or li	th occurred	et the til	me, date and opinion, death	place, and occurred a	due to the o	ceuse(s) end m	anner as s	leted. the ceuse(s)	
	thin thin mple	Mec	one) and manner stated.  29c. License number 29d. Date signed (Month,								Day Year)						
		==									0						
	V		Man K. Horavey MD 045367 6/13/9														
			alon K. Holdbury MD D45369 6/13/97  30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print)  Alan K. Goldberg, MD 1500 Forest Glen Rd. Silver Spring, MO 20910  31. Dete filed (Month, Day, Year) 2 202 32. Registrar's Signature														
	Sta	te	31. Dete filed (Moi	nth, Day, Year)	0.0 400	32. Registr	ar's Signature		5					-/	1		
	Registi			אטר	R O 199	De g	wha Davy	dson	gandel	٥							

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Manufact / Department of Health and Mental Hygiene

20303

_					Ce	f Death Reg. No.							
П	Physic	ian	1. Decedent's Name (First, Middle, Last)			_Month	2. Dete of Deeth Month June 14, 1		3. Time the th				
	/Medi		Sharon  4e. Fecility Name (If not institution, give:		4b. City, Town, or Location of D								
er death with the Maryland	Exami	ner	5122 Navahoe S				College				Coorgos		
	Funeral		5. Social Security Number 6. Sex		In yrs. last birthday	If Undar 1 Yaar					es*		
	Funeral Director	Completed by Funeral Director					eys Hours Min. 8. Data of Birth (Month, Dey, Year) Sept. 19, 1			9. Birthplece (Stete or Foreign Country) Maryland			
	/land		10a. Stafe 10b. County	1	Ioc. City, Town or L	ocation		10d. Inside City L					
	Man H		MD Prince Geo. College Park								1 Yes 2 No		
	or 28		10e. Sfreet end Number	treet 10f. Zip Code 207				1	I Og. Citizen of \	Whet Countr	ry?		
	th wil		5122 Navahoe S				0740		U.S.A.				
	n 72 hours effer death with the Manylan "natural", or items 23s or 28s-f show potest Examiner must be notified at		11, Marital Stefus  1 XNevar Married 2 Merrled 3 Widowad 4 Divorced	12. Wes Decedent Ev Armed Forces? 1 ☐ Yes 2 X No If Yes, Give Year or Dates:	er in U,S. 13.	Was Decedent of If Yas, specify Cub 1 ☐ Yes 2 No	Hispenic Origin? (Spenan, Mexican, Puerto Specify:	ecify Yes or No- Rican, atc.)		e - America ck, Whife, et v: Blac	tc.		
5-0	72 hc		15. Decedent's Educ (Specify only highest grede	cation	tion 16e. Decedent's Usuel C			ina	16b. Kind of Business/Industry				
2	C	npie	Elementary/Secondary (0-12)	Coilege (1-4or 5+)	(Give kind of work done during mos life. DO NOT use retired)								
7		Be	10th		i	Housekeeper			None				
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	To the Hospital or Attending Phy within 24 hours effer death. To the Funeral Director: After thi completely filled in by the funeral	edical Ce	29a. Certifier (Check only one) 1 Certifying Physical Examination	ician: To the best of reer: On the besis of end menner stete	ny knowledge, deel kaminetion end/or ir d.	th occurred at the tinvestigation, in my	ime, dete end plece, oplnion, deeth occurr	end due to the c ed et the time, d	euse(s) end me late end placa,	enner es ste and dua to t	ited. the cause(s)		
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1	7		30. Name end eddress of person who opi	moleted cause of do	th (Item 23a) (Time				0/11	1]1_			
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State Registrar

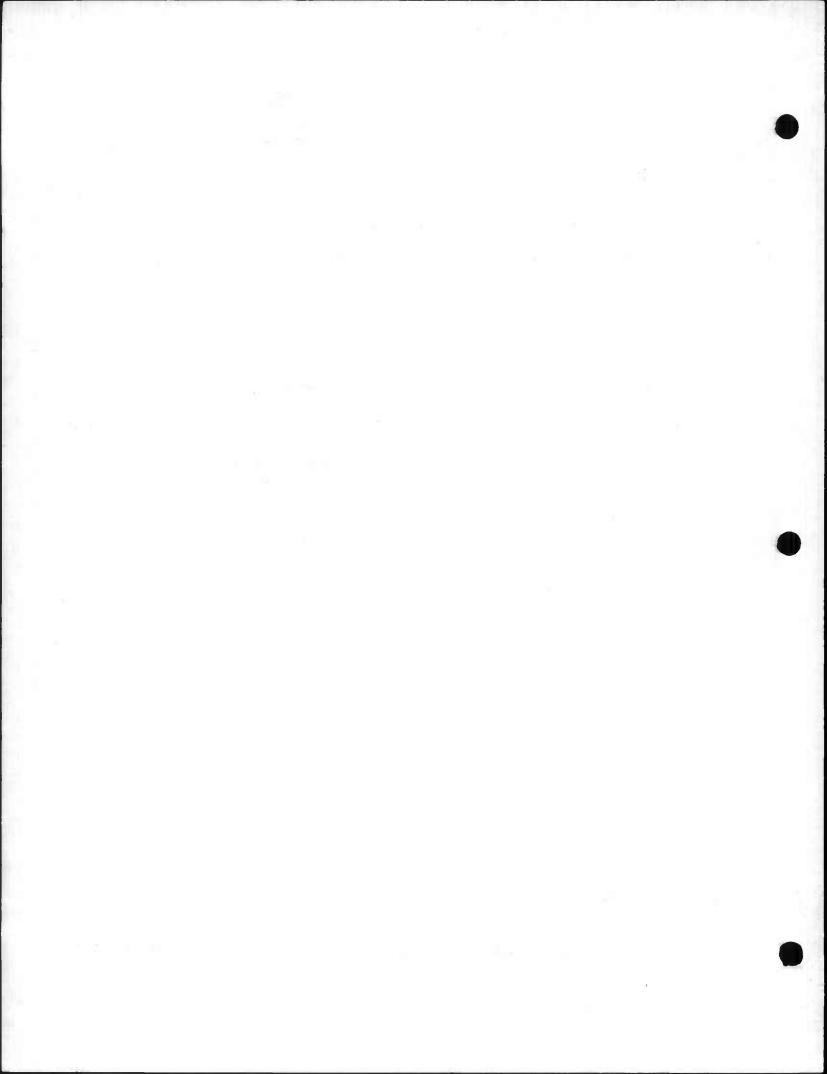


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Day Year Patricia Ann Sokoloff June 17 1997 4:00 /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner 3843 Tremayne Terrace Silver Spring Montgomery 5. Social Security Number If Under 1 Yeer if Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) March 27, 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Days Hours 1□M 2XF Yrs. 007-34-2915 Director 59 1938 Maine Usual Residence of Decadent death with the Maryland 10e Stele 10b. County 10c. City, Town or Location 10d. inside City Limits Item 27 is marked other than "naturel", or items 23a or 28a-f show other treumstic event, the Medical Examiner must be notified at Director 1 ☐ Yes 2X No Montgomery Silver Spring 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 3843 Tremayne Terrace 20906 Funeral USA 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, permit. Pegas 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiena. Important: If Item 27 is marked other than "natural", or iten any injury or other treumetic avant Black, White, etc. 1 Never Married 2 Nerried 1 ☐ Yes 2 X No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 X No Specify: þ Specify White 3 Widowed 4 Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Chemical Manufacturers Elementary/Secondary (0-12) College (1-4or 5+) Public Relations Association 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be Gordon Buzzell Winnifred Brown 19a. informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 3843 Tremayne Terrace, Silver Spring, MD 20906 Robert L. Sokoloff 20b. Placa of Disposition (Neme of cemetery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 ☑ Buriai 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Forest Glen Cemetery 6/21/97 Augusta, Maine 22. Name and Address of Fecility Francis J. Collins Funeral Home, Inc. 500 University Blvd. West 21. Signature of Funeral Service Lie RAC Silver Spring, MD 20901 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or hear failure. List only one cause on each line. Approximate interval Between Onset end Death **Physician** /Medical Immediate Cause (Final Lung Cancer disease or condition resulting in death) 1 Year Examiner Due to (or as a consequence of): Examiner ician and burial-transit Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of): physician s tha burial Box 68760. Physician/Medical Due to (or as a consequence of): attanding tor usa signed by tha a Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 No 3 Probably 4 Unknown þ 24b. Were autopsy tindings available prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed peen has paga 2 The 1 Yes 2 No certificate 1 ☐ Yes 2 ☐ No Division of Vital Hospital or Attending Physician:
 24 hours after death.
 Funeral Director; After this certific 25. Was case referred to medical Be 26. Place of Death (Check only one) examiner? Other: 4 ☐ Nursing Home 5 🖫 Residenca 6 ☐ Other (Specify) 2 1 ☐ Yes 2 No 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA funarai 27. Manner of Death 28a. Date of injury (Month, Day Year) Certification: 28h Time of 28d. Describe how injury occurred 28c. injury et Work? 1 Natural 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No investigation 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 29a. Certifier 1 🔀 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. Medical (Check only one) 2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) end menner stated. within 2 To the 29b. Signature and title of cartifier 29c. License number 29d. Date signed (Month, Dey, Yeer) D17211 June 18, 1997 25 30. Name and eddress of person who completed cause of death (Tem 23a) (Type, Print)

Kenneth Goldstein 2141 K Street, NW #214 Wasshington, DC 20037

32. Register's Signeture

State Registrar 31. Dete filed (Month, Day, Year)



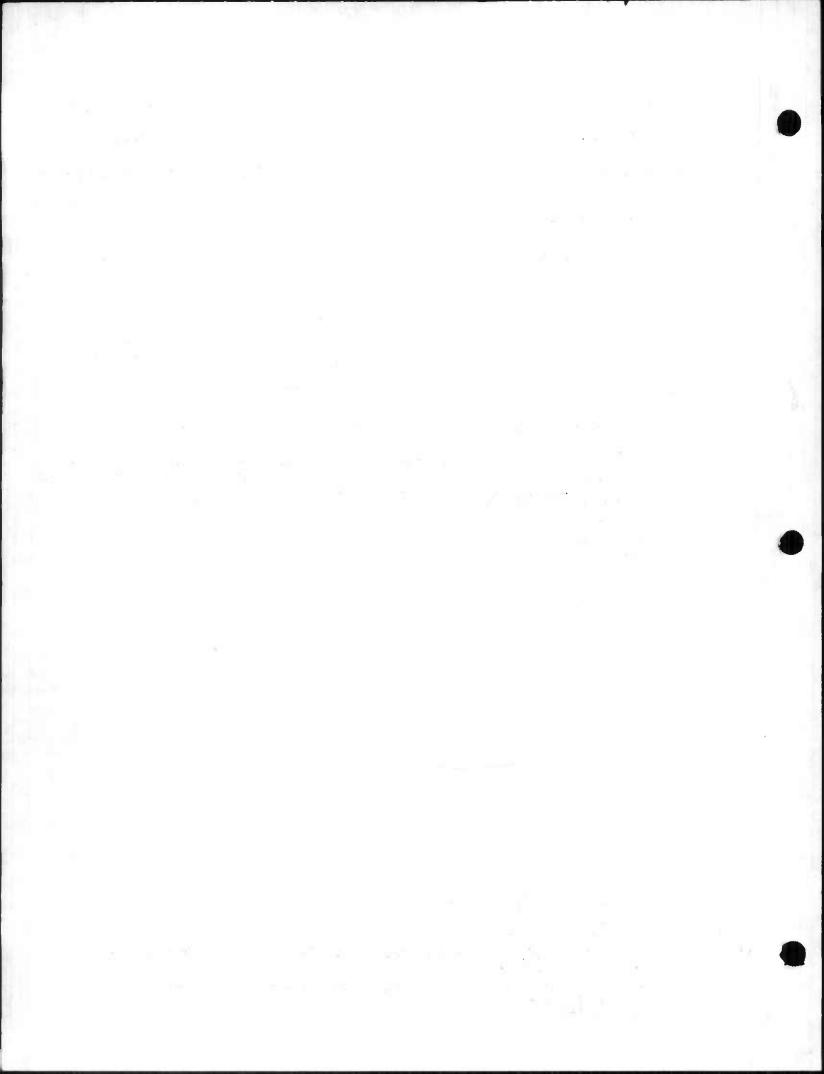
State of Maryland / Department of Health and Mental Hygiene

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				C	ertificate o	f Death		Reg. No.				
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s 1 end 2 should be filed within 72 hours efter deeth with the Marylend f Health and Mental Hygiene. Item 27 is marked other than "natural", or frems 23a or 28a-f show other traumatic event, the Medical Exaction must be notified at	by Funeral	1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	Armed Forces?  1 XYes 2 No If Yes, Give Yeer or Detes:	°World War II	<ol> <li>Wes Decedent of If Yes, specify Control</li> <li>1 ☐ Yes 2 X N</li> </ol>		(Specify Yes of No arto Rican, etc.)	Specify	e - Americar ck, White, et Whit	tc.		
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permit. Pages Department of Important: If it any injury or c		21. Signature of Funeral Service Liberary  22. Name end Address of Fecility Robert A. Pumphrey Funeral Home, Rockville, Inc. 300 West Montgomery Avenue,										
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To the Comp	ž	29b. Signature and title of certifier	29d. Date signed (Month, Day, Yee			ay, Yeer)						
12+	1	MI TO	1/1	7108	No no	7421		June 16, 1997				
		30. Neme end address of person who co	nuleted cause of de	eth (Item 23e) (Typ		· · T = ±		Julie 10	, 100	,		
		Paul T. Noone, M.I	D. 50 Wes	st Edmons	tone Driv	ze. Rockv	ille. MD	20852				

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State Registrar



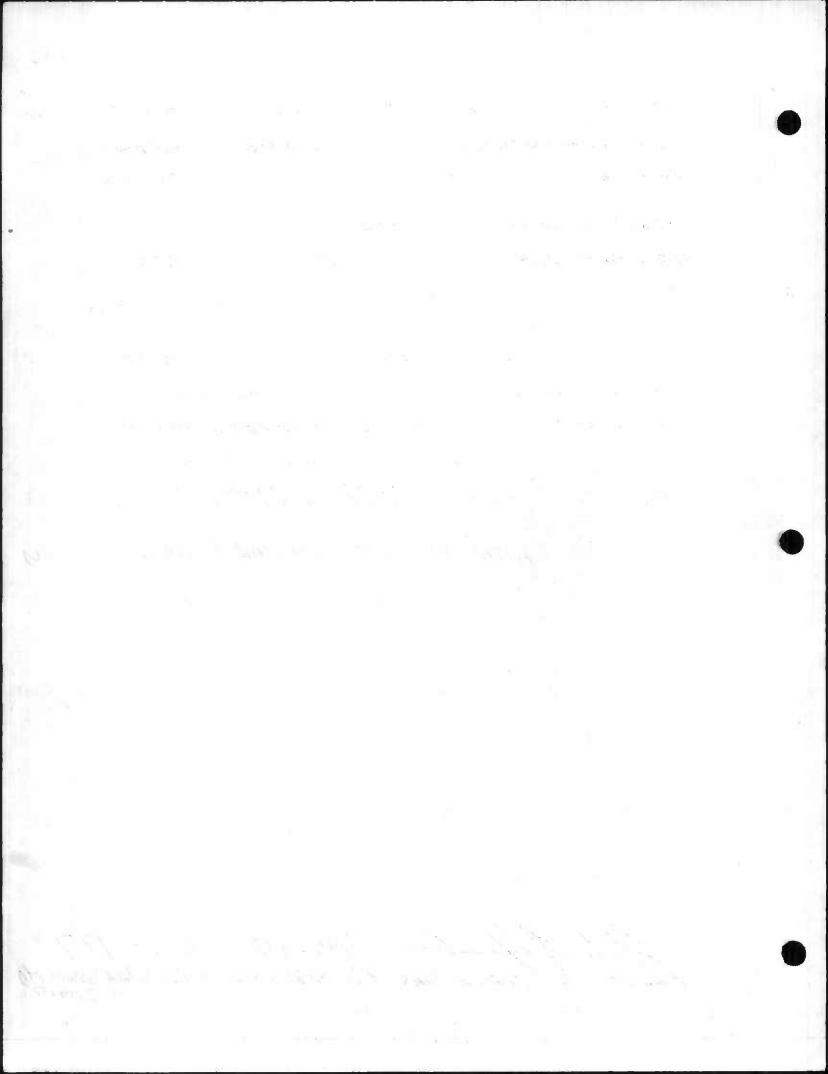
State of Maryland / Department of Health and Mental Hygiene

Item:5 per FH G-749 7/28/97 dh Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Month Yee STEINFUHRER SHIRLEY 1997 12 /Medical 12:18 Am 4e. Fecility Neme (If not institution, give street end number 4c. County of Deeth 4b. City, Town, or Location of Deeth Examiner Washington Adventist Hospital Tak.oma Park M r If Under 24 Hrs. 8. Date of Birth s Hours Min. (Month, Dey, Yeer) Montgomery 7. Age (In yrs. lest birthday) If Under 1 Year 5. Social Security Number 578-22-1506 264-28-0916 Birthpiece (State or Foreign Country) **Funerai** 1 M 2 1 F Months Deys Yrs Director 76 Nov.13, 1920 Virginia Usuel Residence of Decedent the Maryland 10a Stete 10b. County 10c. City, Town or Location r than "natural", or itema 23a or 28a-f show 10d. Inside City Limits Director 1 ☐ Yes 2 ☐ No Maryland Prince George's Hyattsville 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 2228 Charleston Place Funeral U.S.A 14. Rece - American Indien, Bleck, White, etc. filed within 72 hours after death Hygiene. 20783 12. Wes Decedent Ever in U,S. Armed Forces?

1 ☐ Yes 2 ☒ No If Yes, Give Yeer or Dates: 11 Maritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 ☐ Never Married 2 ☐ Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by Specify: 3 ☐ Widowed 4 ☒ Divorced White Completed 15. Decedent's Education 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry (Specify only highest grede completed) Elementery/Secondery (0-12) College (1-4or 5+) Homemaker Pages 1 and 2 should be filed value of Health and Mentel Hygie int: If item 27 is marked other t Own Home 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Roy Greenlaw Ida Mae Brooke 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 and 2 a Department of Health or Important: If item 27 is any injury or other trau Judith R. Steinfuhrer 4309 40th Place Brentwood, Maryland 20722 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20e. Method of Disposition Dete 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete Christ Church Cemetery 6/16/97 Clinton, MD 4 ☐ Donetlon 5 ☐ Other (Specify) 21. Slaneture of Funerel Service Licenses 22. Neme end Address of Fecility Francis J. Collins Funeral Home, Inc. 23a. Pert 1. Enter the disease, or complications that caused to pleeth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate

Solution 1. Approximate Approximate

Approximate Approximate Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Cause (Finet year diseese or condition resulting in deeth) Examiner Due to (or es e consequence of) The law requires that the death certificate be axecuted Sequentially list conditions, if eny, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that Initiated events resulting In deeth) Lest Due to (or es e consequence of): attending physician a for use as the burial-P.O. Box 68760 Physician/Medicai Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by the 1 Yes 2 No 3 Probably 4 Unknown Records, þ page 2 should b 24b. Were eutopsy findings available prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? 2 No 1 ☐ Yes 20 No of Vital Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica etely filled in by the funeral director, [ Be 25. Wes cese referred to medical exeminer? 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 ☐ Inpatient 2 ER/Outpetient 3 ☐ DOA 27. Manner of Deeth 28e. Date of Injury (Month, Dey Yeer) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Certification: Division 1 Neturel 5 Pending Investigation 1 Yes 2 No 2 Accident 3 ☐ Suicide 6 Could not be determined 28e. Pleca of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Hospital within 24 hours a To the Funeral Completely filled Medical 29e. Certifier Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the cause(s) end menner as steted. 2 ☐ Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end pleca, end due to the ceuse(s) end menner stated. 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 10 30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print) CARLOS ES COVARRUBIAS MID. 8121 GEORGIA AVE. SINER SPRING 32. Regisfrants Signature State Registrar



State of Maryland / Department of Health and Mental Hygiene

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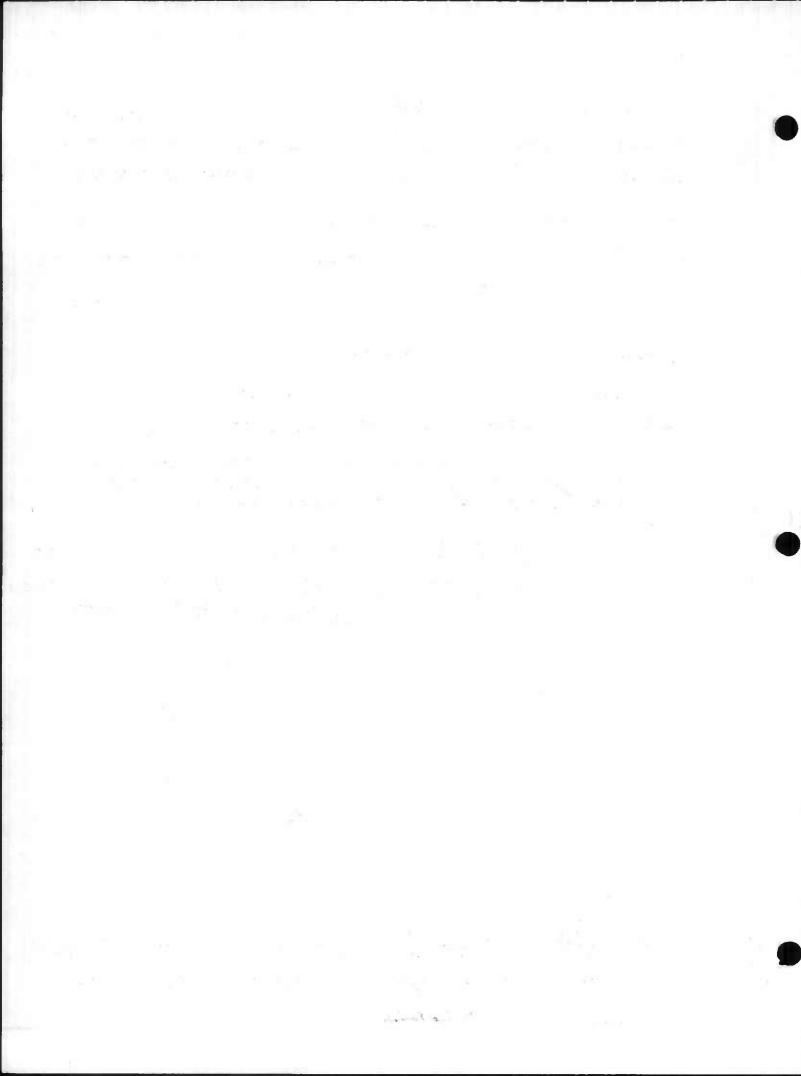
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ai Direc	10e. Street end Number 14367 BEL PRE RD.	SILVER SPRI	NG MD.	10f. Zip Code 2090	06		10g. Citizen of U.S.A	
þ	11. Maritel Status  1 Nevar Married Married 3 Widowed 4 Divorced	Was Decedant Ever In Armed Forces?     □ Yes 2  No If Yes, Give Yeer or Detes:				pecify Yas or No o Rican, etc.)	Specif	ce - American Indian, ck, White, etc. BLACK
ompleted	15. Decedent's Educ (Specify only highest grade Elementary/Secondery (0-12)	completed) College (1-4or 5+)	(Give	kind of work done OO NOT use retire	during most of wor	king	16b. Kind of B	usiness/industry L
To Be C	17. Fether's Neme (First, Middle, Last)  CARL STEVENS							na)
			cemetery, cren	netory or other ple		Dete 6/19/97	20c. Location	- City or Town, Stete
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		etions thet caused the de e cause on each line.	eath Do not ente		ring, such as cardiac	or raspiratory a	nrest,	Approximata Interval Batween Onset end Deeth
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Carlondar To Do Completed his Daniel Discontinue	Certification: 10 be completed by Physician/Medical Examiner	4e. Facility Neme (If not institution, give is MEDLANTIC NURSING  5. Social Sacurity Number  5. Social Sacurity Number  5. Social Sacurity Number  6. Sex  578 56 6498  Usual Residence of Decedent  10e. Stete  10b. County  MARYLAND  MONTGOME  10e. Street end Number  14367 BEL PRE RD.  11. Maritel Status  1 Never Married  3 Widowed 4 Divorced  15. Decedent's Educ (Specify only highest grede Elementary/Secondery (0-12)  17. Fether's Neme (First, Middle, Last)  CARL STEVENS  19e. Informent's Neme/Reletionship (Typ. JOYCE LINDENMUSE  20a. Method of Disposition  1X Burial 2 Cremetion 3 Re 4 Donetion 5 Other (Specify)  21. Signature of Finerel Service License  23a. Pert1. Enter the disease, or complic shock, or haart failure. List only one of the second condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter Undertying Ceuse (Disease or Injury thet inflated events resulting in death) Last  Pert II. Other significant conditions cont The Second conditions resulting in death) Last  Pert II. Other significant conditions cont Investigation death) Last  25. Wes case referred to medical axaminer?  1 Yes 2 No  27. Menner of Deeth  1 Neward and the last of Could not be determined	CLIFTON STEVENS  4e. Facility Neme (if not institution, give street and number)  MEDIANTIC NURSING HOME  5. Social Security Number  5. Social Security Number  5. Social Security Number  5. Social Security Number  5. Social Security Number  6. Sex  5. We security Number  10. Street and Number  10. Street and Number  10. Street and Number  11. Marital Status  11. Marital Status  12. Was Decedant Securation  13. Widowed 4 Divorced  15. Decedent's Education  (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4or 5+)  17. Fether's Neme (First, Middle, Last)  CARL STEVENS  19e. Informent's Neme/Relationship (Type, Print)  JOYCE LINDENMUSE SOCIAL WORK  20a. Method of Disposition  13. Burial 2 Cremetion 3 Removel from State  4 Donelton 5 Other (Specify)  21. Sgnature of paneral Sarvica Licensee  23a. Pert1. Enter the disease, or complications that caused the disease or condition resulting in death)  25a. Pert1. Enter the disease, or complications that caused the disease or conditions are sufficient diseases or conditions.  1 any, leading to immediate cause (Finel disease) or complications that caused the disease or conditions are sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of the sufficient of	1. 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State Registrar

State of Maryland / Department of Health and Mental Hygiene

20308

						Cert	ificate of	Death		Reg. No.	1	20000
	Let List		1. Decedent's Neme (First, Middle			4	-		2. Dete of Dec	eth	Vasa	3. Time of Deeth
	Physic /Medi		MARIE	5	TEW	HR			JUNE	Dey 12 10	Yaar	6;PM
	Exami		4e. Fecility Name (If not institution,	give street and number	r)		×	4b. City, Town, or I			of Death	
			FOX CHASE NURS	NG HOME				SILVER S				ORGES
	Funeral		5. Social Security Number	6. Sex 7. A	ge (In yrs. lest b 98		If Under 1 Yaar Months Deys	If Under 24 Hrs. Hours Min.	8. Data of Birt (Month, De	y, Year) 30,1898	9. Birth	plece (Stete or Foreign
	Director		160-24-9486 Usuel Residence of Decedant	10 W 20A	90	Yrs.			AUGUST	30,1898	MARY	LÁND
	and w		10a. Stete 10b. County		10c. City, To	wn or Loca	ation				1	10d. Inside City Limits
	Mary!	0	N/A N	/A	TATA	HTMC	ron, D.C	,				15⊈Yes 2□No
	the 128e	Director	10e. Street end Number	7.11	VVC	TITING.	10f. Zip Code	•		10g. Citizen of W	Vhet Cou	21
	urs efter death with the Manylan el', or Nems 23e or 28e-1 ehow Examinet mant pe notified at		135 KENNEDY ST.	N W			2001	1				
	death ms 2:	Funeral	11. Marital Status	12. Wes Deceden		13. W	as Decedant of I	Hispenic Origin? (S.	pecify Yas or No-			ES AMERICA can Indien.
0	offer of the	F	1 Never Merried 2 Marrie	Armed Forces		16	Yes, specify Cub	en, Maxican, Puert	o Rican, etc.)	Blec	k, Whita,	atc.
020	urs e	þ	3 ₩ Widowed 4 Divorced	If Yes, Give Yeer or Datas		11	☐ Yes 2M No	Specify:		Specify	·	BLACK
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21	0 0 -	Con	5th GRADE			HOUS	SEKEFPER			PRTVATE	3	
pu	d off	Be	17. Fether's Neme (First, Middle, L	ast)				18. Mother's Ner	ne (First, Middle,	Meidan Sumem	Θ)	
yla	should be and Mental marked o	2	WEBSTER TOLSON					TDA (	ANT			
Maryland	2 0 0 2		19e. Informent's Neme/Reletionsh		19	b. Mailing	Address (Street	end Number or Ru	ral Route Numbe	er, City or Town,	Stata, Zip	Code)
	s 1 and 3 if Health item 27 i		CHLOE PARNES	(SISTER)				T. N.W.,		20011		
0	Pages 1 nent of H int: If ite		20e, Method of Disposition  1 Dental 2 Grametion	3 □Removel from State	20b. Pleca cemet	of Disposi	tion (Neme of story or other ple	ce)	Dete	20c. Location -	City or To	own, Stete
Baltimore,	nit. Pa entmen ortant: injury		4 Donetion 5 Other (Sp	ecify)	LINCO	IN CE	METERY	6/1	7/97	SUITLAN	D, N	D
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	205 e d		Soul	B. Les	1	- 7	16 KENN	EDY ST. N	J.W. W	.D.C. 2	20011	
			23e. Pert1 Enter the disease, or c shock, or heert failure. List of	complication and cause nly one cause on each	ed the deeth. Do	not enter	the moda of dyi	ng, such as cardiac	or respiratory ar	rest,		Approximete Intervel Between
V)	Physician		1 1 - 1 February 1 Webs To a 1 To a 1								1	Onset and Deeth
1	/Medical Examiner		Immediete Cause (Finel diseese or condition	· REI	NIT	- 7	11/1	UKE			10	2 WKS
П	LAGITITIE		resulting in deeth)		Due to (or es i	e consequ	ance of):	-/-	. 1	214	/	
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	certificata be executed nding physicien and use as the burial-transit	Examiner	Sequentially list conditions, if any, leeding to Immediate		Dua to (or es	e consequ	anca of): 1 1	ASCI	21 1	10 DI	SE	2 WKS CHPLONIC PSE
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P.O.	es that the death igned by the ette be dateched for	hys	Fait II. Other significant condition	s contributing to death	but not resutting	in the unc	enying cause gr	ven in Pert I.	1 🗆 '	1		o the cause of death?
	that ned b	by P							10	100 2/2/10	3   P10	bebly 4 Onknown
Records,	requires ween sign hould be	장								an autopsy	24b. W	ere autopsy findings
00		Jet							perto	med?	00	vailable prior to empletion of cause death?
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tal	certificate		25. Wes case referred to medical					On Place of Page				□Yas 2□No
of Vital	Physician: this certific	To Be	exeminer?	Hospitel:	tient 2 ER/C	Sutmationt	3□ DOA Oth	ner .	ith (Check only o		(Canal	S.1)
o	를 함 등		27. Menger of Deeth	28e. Dete of Inj	jury 28b	. Time of	28c. Inju	ry et		now injury occurr	1-1-	γ/
o	tending Ph leath. lor: After th the funeral	tio	1 Neturel 5 ☐ Pending 2 ☐ Accident Investige		ey Year)	Injury	M 1 🗆	rk? Yes 2 □ No				
Division	or Attending after death. Director: After in by the fune	fica	3 Sulcide 6 Could no	ot be 28e. Plece of Ir	njury - At home,	ferm, stree	et, fectory, office		28f. Location (5	Street end Numbe	er or Run	al Route Number,
á		Certification:	4 Homicide	building, e	ntc. (Specify)				City or Tox	m, Stete)		
	the Hospital hin 24 hours the Funeral opietely filled		29a. Certifier 1 Certifying	Physician: To the best	t of my knowledg	ge, death o	occurred et the tir	me, dete end plece	, end due to the	cause(s) end ma	nner as s	iteted.
	T Se E	edical	(Check only 2 Medical E	kaminer: On the basis of end menner s	of exemination e	nd/or Inve	stigetion, In my o	plnion, deeth occu	rred et the time,	dete end place, e	ind due to	o the ceuse(s)
	TO THE	M	29b. Signature and officer confider	1201	//	1	29c. Licens	se number		29d. Date signed	(Month,	Day, Year)
	(		Mary	140	11X1	mh	DI	01120		JUNE	13	, 1997
1	12/		30. Neme end eddress of person w	ho completed sause of	deeth (Item 23e	) (Type, Pr	rint)	1			. /	
1	9		2309 SHOK	EFIEL	p Ro	AN	201	HEATO	DW 1	MD =	209	1997
	Sta	te	31. Dete filed (Month, Dey, Year)	32. Regist	trer's Signeture	0					- /	
	Registr	ar	JUN 17 1	997	Mudder	Carlall	3					



Legible.

Approximate Interval Between Onset and Deeth

24b. Were sutopsy findings available prior to completion of cause of death?

1 ☐ Yes 2 ☐ No

23b. Did tobacco use contributs to the cause of death? 1 Yes XXNo 3 Probably 4 Unknown

Physician /Medical	JEAN		н.	SHIRLEY	/			Mon	of Deeth	Day 1997	eer	me of Deet 35 PM
Examiner			on, give street end nu OF SILVER					vn, or Location of SPRING	Death	4c. County of MONTGO		
Funeral Director	5. Sociel Securit  342-32- Usuel Residence	-7351	6. Sex 1 □ M 2 <b>X</b> F	7. Aga (In yrs. k	est birthdey) Yrs.		aar if Undar 2 bys Hours	Min. 8. Dete (Mon	of Birth th, Dey, Ye 22, 1	921 W	Birthpleca (S Country) JASH.,	tate or For
death with the Meryland rms 23a or 28a-f show Lineat be notified at	10a. Stata	10b. County	1		Town or Lo	C	hicago					ida City Lin
ifter death with the Mei r terms 23e or 28e-f signer must be notified in the must be notified.	10e. Street end i	7600 1771 ST	O S. Merri	Ill Ave,		10f. Zip Co.	60649			Citizen of Wha		
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c - 2	(S)	15. Deceder becify only highe	nt's Education est grada completed)		16e. Dece	dent's Usuei O kind of work d DO NOT use re	cupetion one during most	of working	16b	. Kind of Busin	nass/Industry	
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C1 00 m m	19e. informent's	Neme/Reletions S C. WAR	ship <i>(Type, P</i> nin <i>t)</i>					r or Rural Route i				
Department of Health mportant: If Item 27 iny injury or other tr ange.	20a. Method of D			-	1	sition (Name o		Date	1	. Location - Cit		

Physician /Medical Examiner

for use as

The law requires that the death certificate be executed To the Hospital or Attending Physician: I within 24 hours efter death.

To the Funeral Director: After this certifice completely filled in by the funeral director, p

Division of Vital Records, P.O. Box 68760,

Examiner Physician/Medical Completed by 8

physician and the burial-transit Certification: Medical

State Registrar VENTRICULAR TACLYCARDIA

23a. Pert1. Enter the disease, or complications that caused the deeth. Denot enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feitura. List only one ceuse on each line.

Due to (or as a consequenca of):

ATHEROSCLEROTIC CORONAY ARTERY DISEASE Due to (or es e consequenca of):

Dua to (or es a consequenca of):

Pert II. Other significant conditions contributing to death but not rasulting in the underlying causa given in Pert i.

25. Wes case referred to medical examiner?

1 Natural 2 Accident

3 Suicide

29e. Certifier

29b. Signature

4 Homicide

Immediete Ceuse (Finel diseese or condition resulting in deeth)

Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events rasulting in deeth) Last

1 Yes 2XXNo 27. Menner of Death

6 Could not be determined

5 Pending investigation

1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Dete of injury (Month, Day Year) 28b. Tima of

28e. Plece of Injury - At home, ferm, street, factory, office bullding, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Other (Specify) 28c. Injury et Work?

1 ☐ Yas 2 ☐ No

D24886

1 Certifying Physician: To the best of reconsidering an endormous the time, date end plece, and dua to the causa(s) and manner as steted.
2 Medical Exeminar: On the basis of the manner and the causa(s) and due to the causa(s) and due to the causa(s) and due to the causa(s).

28f. Location (Street and Number or Rural Routa Number, City or Town, Stete)

24e. Wes an autopsy performed?

1 ☐ Yes 🎗 ☐ No

28d. Describe how injury occurred

29c. Licanse number 29d. Data signed (Month, Day, Year)

28. Place of Deeth (Check only one)

22. Nama and Address of Fecility
PINCKNEY-SPANGLER FUNERAL HOME 524 - 8TH ST., N. E. WASH., D. C.

30. Name end eddress of pereon who completed cause of deeth (Item 23a) (Type, Print)

9801 GEORGIA AVE SILVER SPRING, MD 20902

31. Dete filed (Month, Day, Year) JUN 19 199

MARK EIG, M. D.

32 Registrer's Signeture whi okudear Radall

Talan geografica geografica de 

State of Maryland / Department of Health and Mental Hygiene 97 20210

III	NALDO	ЭE	RRANO			Cei	rtificate	e of	Death			Reg. No.	21	20010
	Physic /Medi		Decedent's Neme (First, Middle REYNAL)		RANO						2. Date of De Month JUNE	Dev	1997	3. Time of Deeth 7:41AM
	Exami		4e. Fecility Neme (If not institution, #18 DEER PAR		r)			4			sation of Deeth SBURG	100	unty of Death	
	Funeral Director		UNAVAILABLE	6. Sex 1 M 2 □ F	Age (In yrs. le 45	est birthday) Yrs.	If Under Months	1 Yaar Deys	if Undar a	24 Hrs. Min.	8. Dete of Bir (Month, Da JAN 25	th Year) 1952	9. Birth	npleca <i>(Steta or Foreign</i> untry) ALVADOR
	Maryland n-f show	tor	Usuel Residence of Decedent  10e. Steta 10b. County  MD MONTGOI	MERY		Town or Lo								10d. Inside City Limits 1 ☑ Yas 2 ☐ No
	vith the	Director	10e. Street and Number				10f. Zip	Code				10g. Citizen	of Whet Co	untry?
	23a	rai	211 LEE STREET				208					7 7 7	ALVADO	
020	72 hours efter death with the Maryland "natural", or itams 23a or 28a-f show solical Examiner must be notified at	by Funeral	11. Marital Status  1 Naver Married 2 Marrie 3 Widowed 4 Divorced	12. Was Deceder Armed Forces ed 1 Tyas 2 Mif Yes, Give Year or Detes	No		Was Decedor f Yes, speci TX□ Yes 2	ify Cuba	Specify:	, Puerto F			Rece - Amer Black, White ecify: HIS	, atc.
21215-0020	5 5	Completed	15. Decedent' (Specify only highest Elamentary/Secondary (0-12)	s Education grade completed) College (1-40	r 5+)	16e. Deced (Give life. I	tent's Usue kind of worl DO NOT us	l Occup k done d e retired	ation du <i>ring</i> most i)	of workin	g	16b. Kind	of Business/I	ndustry
Maryland 2	be filed ntal Hyg d other event,	Be	8TH 17. Fether's Name (First, Middle, L	•		CONS	TRUCT	ION		r's Neme	(First, Middle,		AILABL meme)	E
2	d 2 should be th and Mantal 7 Is marked of traumatic ev	To	CIRIOCO SERRANO					/0	UNAVA					
Ma	permit. Pages 1 and 2 sho Department of Health and Important: If Itam 27 Is ma any Injury or other traum once.		19e. Informent's Neme/Reletionsh SOILA G. FUENTES		T.AW		-				Route Number			ip Code)
Baltimore,			20e. Method of Disposition  1 Buriel 2 Cremetion  4 Donetion 5 Other (Sp	3 □Ramoval from Stet	e 20b. Ple	ece of Dispo metery, cren	sition (Nem	e of her plea	ce)	JUN 2	Dete	20c. Locat	ion - City or 1	
Balti			21. Signatura of Funeral Service L	icensee	76	22 W	. H. B	Addra:	ss of Facility N FUNE	ERAL	HOME I	NC.		
	Physician /Medical		23a. Pert1. Entar the diseasa, or o shock, or heert feilure. List of Immediete Cause (Finel disease or condition		ed tha death. line.	Do not ant	ar tha mode	a of dyin	g, such as	cardiac or	raspiratory a	rrast,		Approximete Interval Between Onset end Deeth
	Examiner	Jer	resulting in deeth)	е. 270000		es e conseq		1010	, 11					
,00	rtificate be axecuted ing physicien end a as the burial-transit	Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury	b	Due to (or	es e conseq	uence of):						1	
ox 68760,	ding	n/Medical	that Initieted events resulting in deeth) Lest	d	Due to (or e	es e conseq	uence of):							
, P.O. Bo	that the death hed by the atter detached for	by Physician/	Pert II. Other algnificant condition	a contributing to death	but not result	ting in the u	nderlying ce	use giv	en In Pert i.			tobacco use		to the cause of death?
Records	aw requires to been so 2 should	Completed b										an eutopsy ermed?	8	Vere eutopsy findings veileble prior to ompletion of cause if daeth?
a E	T ata										1/2	Yes 2 N	lo 1	ves 2□ No
Vital	Physician: The this certificata ral director, pag	o Be	25. Wes cese referred to medical exeminer?	Hospitel:				Oth			(Check only o			
of		<del> </del>	1 No Yes 2 No No 27. Menner of Deeth	1 ☐ Inpe		R/Outpetien 28b. Time of		^	4 LI NUI		e 5 A Reside 1			ify)
Division	pital or Attending I ours after death. eral Director: After filled in by the funer	Certification:	1 □Neturel 5 □ Pending Investiga 3 □ Sulcide 4 □ HomIcide 5 □ Pending Investiga 6 ☑ Could nudetermin	Month, Dation June 14	4,1997	Injury unkno ne, farm, str	Nwc		k?" Yes 2∜OX	2	Subject  8f. Location (	inge	sted e	ethanol ^{rei Route Number} MD Gaithersbu
	• Hospital 24 hours • Funeral letaly filled	dicai C		Physician: To the bes xaminer: On the besis end menner:	t of my knowl	ledge, death				d plece, e	nd due to the	ceuse(s) en	d menner es	steted.

Registrar

completed cause of deeth (Item 23e) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

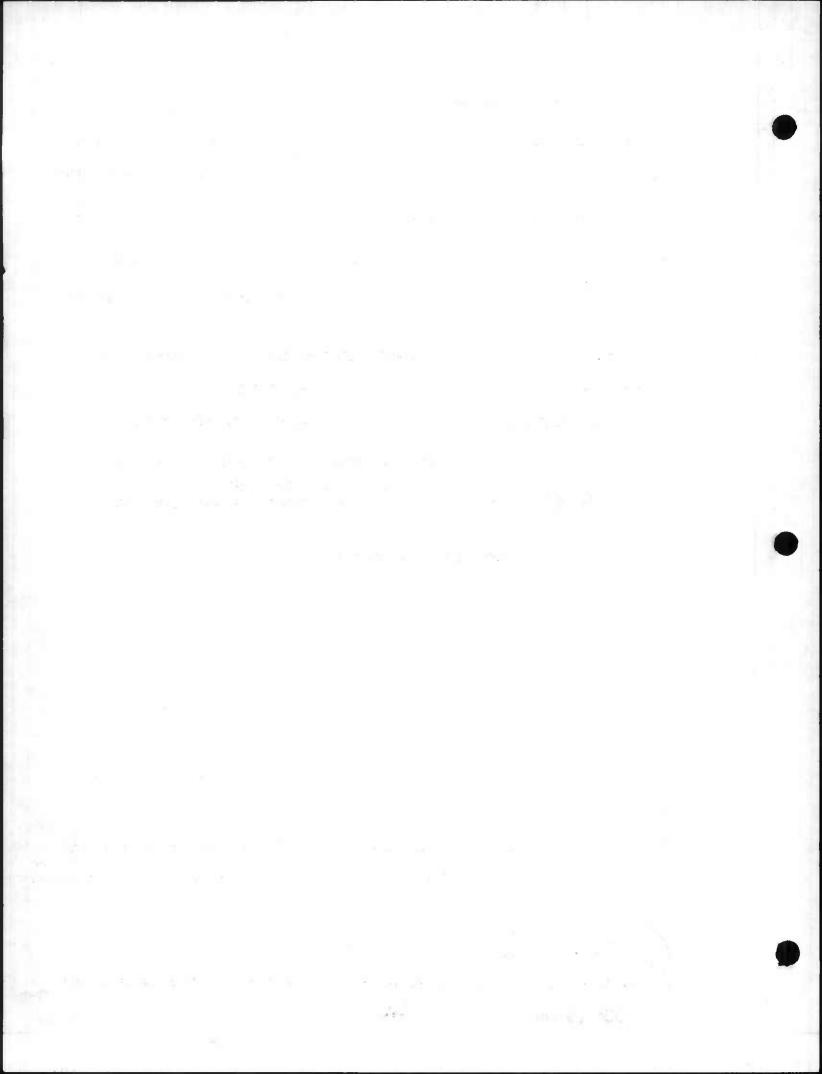
32. Registrer's Signature

29c. License number

O.C.M.E.

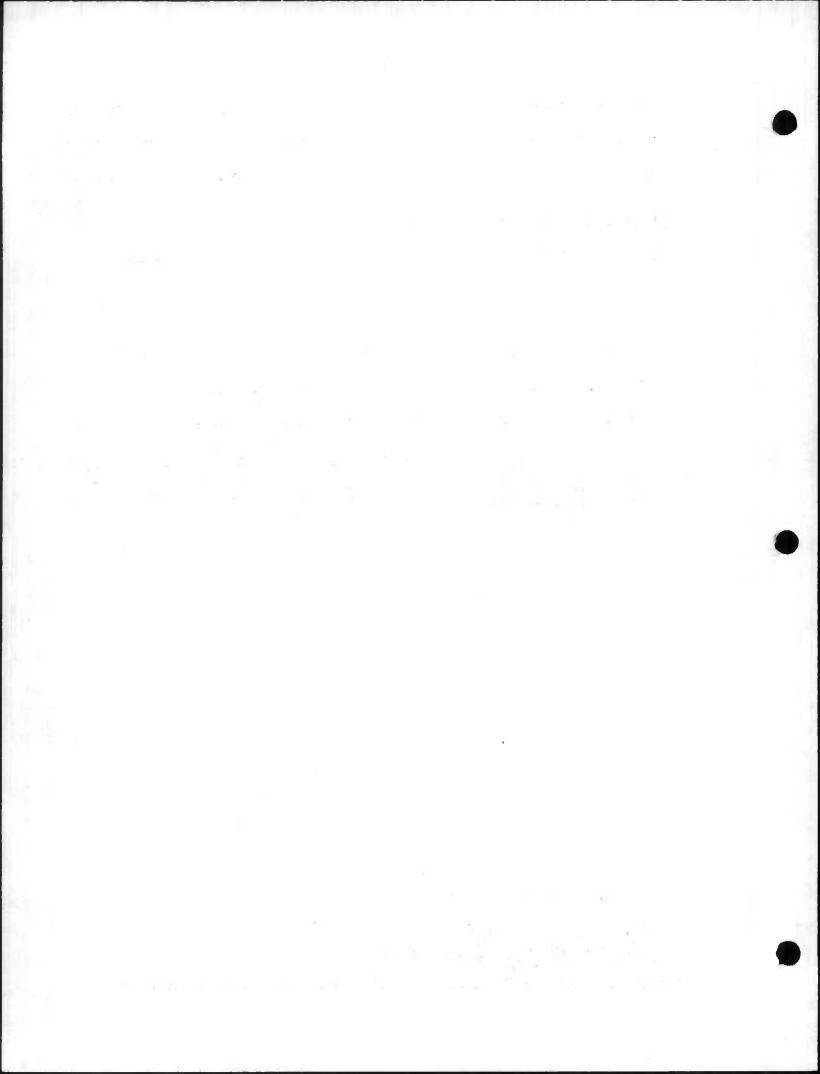
29d. Data signed (Month, Dey, Year)

JUNE 16, 1997



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

-		Decedant's Name (First, Middla, La	e#1		(	Certificate of	Death	0.000.00	Reg. No.		0.77
hysicia	n	John Richard S	,					2. Dete of D Month	Day	Yeer	3. Tima of Deeth
/Medica	_	4a. Fecility Neme (If not institution, giv		-1			4b. City, Town, or L	June		1997	4:30PM
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	-	5. Social Security Number 6. S		ge (In yrs.	lact hirtl	nday) If Undar 1 Yaar	Oxon Hill If Under 24 Hrs.				orge's
ineral rector			M 2□F	75		rs. Months Days	Hours Min.	8. Date of B (Month, D Aug. 1			lace (State or Foreignity) nington D
Mo W		10a. Stata 10b. County		10c. Cit	y, Town	or Location				1	0d. fnside City Limits
E DE	ò	Maryland Prince G	eorge's	(	מסאנ	Hill					1 ☐ Yes 2 ☐ X00
N 28	Director	10e. Street end Number				10f. Zip Code			10g. Citizan of	Whet Coun	itry?
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ELTS	Funeral	11. Maritel Status	12. Was Deceden Armed Forces	t Evar in U	S.	13. Was Dacedant of H if Yes, specify Cube	lispenic Origin? (Sp	ecify Yes or N		ca - Americ	
	þ	1 ☐ Never Marriad 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorced	1 XXes 2 ☐ If Yes, Give Yeer or Dates:	No 194		1 ☐ Yes 2 X No	Specify:	Thour, otc./	Specia		
lical .	Completed	15. Decedent's Ed (Specify only highest gre	lucation		16e. I	Decedant's Usuei Occup	etion	ina	16b. Kind of E	lusiness/Ind	dustry
- A	a d	Eiementery/Secondery (0-12)	College (1-4or	5+)		Give kind of work done of the life. DO NOT usa retired	during most of work d)	ing			
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even d	Be	17. Fathar's Neme (First, Middle, Last)					18. Mother's Nem	e (First, Middle	a, Maiden Sumei	ne)	
erka ertic	2	Justin W. Swa			_		Edna M.	Carri	ck		
tem 27 is merks other traumatic	Ì	19a. informant's Neme/Reletionship (				Mailing Address (Street					
ner tu		Teruko C. Swain	(Wife)			11 Dundalk			, Maryla	and 20	)745
or of		20a. Method of Disposition	Removel from State	20b. F	ieca of I eme <i>tery</i>	Disposition (Name of , cramatory or other pled	e) Jun	e 24,	20c. Location	- City or To	wn, State
ury		4 ☐ Donation 5 ☐ Othar (Specif)		Ced	lar I	Hill Cemete:	ry 1	.997	Suitlar	nd, Ma	ryland
important: If item 27 is any injury or other trai		21. Signeture of Funeral Service Licen	500			22. Name end Addras	ss of Fecility Le	e Fune	ral Home	, Inc	
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tis .	Examiner		Metast	atic	Lund	Cancer to	Metastin	um:Live	er	į	
-tran	Xar	Sequentially list conditions,				onsequenca of):					
		Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disaase or injury	c. Chroni	c Obs	truc	rtive Dulmo	nary Dico	250			
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D) 65			d								
foru	Physiciany										
ched	78	Pert ii. Other eignificant conditions or	ontributing to death t	but not rasi	uiting in 1	the underlying cause give	en in Pert I.				the cause of death
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director, pag		25. Wes case raferred to medical exeminer?	Hospital:			011	28. Piece of Deat	h (Check only	one)		
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fune	ation	1 Netural 5 ☐ Panding 2 ☐ Accident investigation	28e. Dete of inju (Month, De	by Year)	28b. Tir Inj	ury Worl	yat k? Yas 2 □ No	28d. Describe	how Injury occur	red	
In by the		3 ☐ Suicide 6 ☐ Could not be determined	286. Piece of in	jury - At ho	me, fam	n, street, factory, office		28f. Location	Street and Num	ber or Rura	l Route Number,
E S	5	4 [] Nomicide	building, e	tc. (Specif)	"			City or To	wn, Stete)		
completely filled in	חוכשו	29a. Certifier Check only one) Certifying Phy 2 Medical Exam	raician: To the best iner: On the basis of end menner st	of examinat	vledga, ion and/	daath occurred et the tim or Investigetion, in my op	ne, data and piece, pinion, deeth occurr	and due to the ed at tha tima,	cause(s) and m data end place,	enner es st and due to	eted. tha cause(s)
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- 0		V Wast	PIMI	1,1	· A	- WM D 21	F07				0.05
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State		Osbert M. Applewi 31. Data filed (Month, Day, 'Year)	1997 ► J	s Signa	uree	OI HILL KO.	Surte 4	TOXU CF	HIII,	MU	
egistrar	'	IIIMO A	1997. > 9	ulia di	hules	x-Rardall					
		JUNG 4	1001								



				4	State	of Mar	yland / [		rtment of the tificate of		Mental Hy	giene 9	7	20312
	D		1. Decedent's Nem	e (First, Middla,	Last)						2. Data of D	aath		3. Time of Death
	hysici /Medic		JOHN		JULIA	AN			SMITH	, Sr.	MUNI	= 2 ⁶ , 1	997	05:37 PM
	xamin		4a. Facility Name (				enter	-			or Location of Dea	th 4c. Count	of Death	imore
	neral ector		5. Social Security N		Sex 1XIM 2□ F		n <i>yrs. last bir</i> 77	thday) Yrs.	if Under 1 Yaar Months Deys			rth ay, Year)	Cou	place (State or Foreign intry) st Virginia
P			Usual Residence o	_				-						
5-0020 72 hours after death with the Meryland	natural, or items 23a or 25a-1 enow adical Examiner must be notified at	-	10a. State	10b. County Harfo	2 2 4	10	Oc. City, Tow							10d. Inside City Limits 1 ☐ Yes 2 No
ha N	ctff	Director	MD		JLα		White	e no						
with	200		10e. Street end Nu	orrisv:	: 11a De				10f. Zip Code	161		10g. Citizen of		intry?
aath	18 23 FOLIN	Funeral	11. Marital Status	OLLISV.	12. Was De		r in II S	12 14			(Specify Ven or N	U.S		ican Indian,
ter d	iner	Fun		led 2 Married	Armed F	Forces?	ir iii 0,3.	IS. V	Yes, specify Cut	ban, Maxican, Pu	(Specify Yes or Narto Rican, etc.)	Ble	ck, White	
urs at	0.00	by	3 Widowed	-	If Yes, G	Dates: W	II W	1	□Yes 2XNo	Specify:		Specif	y: W	hite
Z I Z I D-UUZU d within 72 hours af giena.	fedical E			15. Decedent's	Educetion			Decede	nt's Usual Occu	pation		16b. Kind of B		
within 7		Completed	Elementary/Seco	ondary (0-12)		(1-4or 5+)		lifa. D	ind of work done O NOT usa retire	during most of weed)	vorking			
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should to	matic e	2	Saul	H. Smi	th					Jess	ie Wrae	Wende	ΞŢŢ	
2 sh	2 8		19a. Informant's N								Rural Routa Numi			
laal	Par	-	Mary E 20a. Method of Dis		n/Wife				Norri	sville	Rd., Wr	20c. Location		MD 21161
Dartimore, permit. Pages 1 et Department of Haa	Department of Important: If it any Injury or o		Cremation 3 5 Other (Spe	cify)	n Stata	St. M Assump	J.	Nama and Addr J. Hart	enstein	Mortua	Pylesv	ille,	, MD 2113	
			23a. Part1. Enter t shock, or had	he disease, or co	mplitations than	Loaused the	death. Dor				Stewarts		PA I	Approximata
	dical		Immediate Cause diseese or condition	(Finel	1101	)			MONIA					Intervet Between Onset and Death
	niner	ner	resuiting in death)		PAR	KINS	e to (or es a d		ence of): SEASE	_			1	15 YEARS
be executed	ha buriel-transit	cal Examiner	Sequentially list co	nditions.	b	Due	e to (or as a o	consequ	ence of):				1	
,	uriel-l	Ä	Sequentially list co if any, leeding to in ceuse. Enter Under	nmediate erlying										
ata be ex	ha bi	-	Cause (Disease or that initiated events rasulting in death)	injury .	C	Due	to (or as a c	onsequ	ence of):				-	
death certification	d for use as that	Med	, accounting in accounty										- 1	
Bath cert	or us	an			O								1	
	hed f	Physician/Med	Part II. Other signif	lcant conditions	contributing to	death but n	ot resulting Ir	the un	derlying ceuse gi	iven In Pert I.	23b. Did	tobacco use co	ntribute 1	to the cause of deeth?
F 50 5	5 6										1□	Yes 2X No	3 □ Pro	obably 4 Unknown
	should be de	Completed by									24a. Wa	an eutopsy ormed?	a	Vere eutopsy findings vallable prior to ompletion of ceuse f death?
The law	paga 2	mo									10	Yes 210 No		
= 10 2	or, pe		25. Was cese refer	red to medical	T					Of Dinas of C			1	Yas 2 XNo
	direct	o Be	exeminer?		Hospital:	Inpatient	2□ ER/Ou	tnationt	3□ DOA Ot	her	Home 5 Res		ner (Snec	ihe)
Attending Physic death.	funar	ation: T	27. Manner of Deat  1 Naturat  2 Accident		28a. Dete (Moi	e of Injury onth, Day Yo	28b. 1	rime of njury	28c. Inju			how injury occur		,,
	ed in by tha	Certification:	3 ☐ Suicide 4 ☐ Homicide	6 Could not determine	20e. Flac	ce of Injury ding, etc. (S		rm, stre	et, factory, office		28f. Location City or To	(Straat and Numi wn, Stata)	ber or Rui	ral Routa Number,
To the Hospital o	plately fill	edical	29a. Certifier (Check only one)	1 Certifying i	aminer: On tha i	best of m basis of example of example of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the	amination and	, death o	occurred at the ti stigation, in my	ime, date and pla opinion, death oc	ce, and dua to the curred at the time	ceuse(s) and made and place,	anner as	stated. to the cause(s)
To the	woo	Σ	29b. Signature and							se number		29d. Data signe	d (Month	, Day, Year)
			na	tivid - of	D. O	le fi	m, 7	n.L	D 19	508		D	16	1997

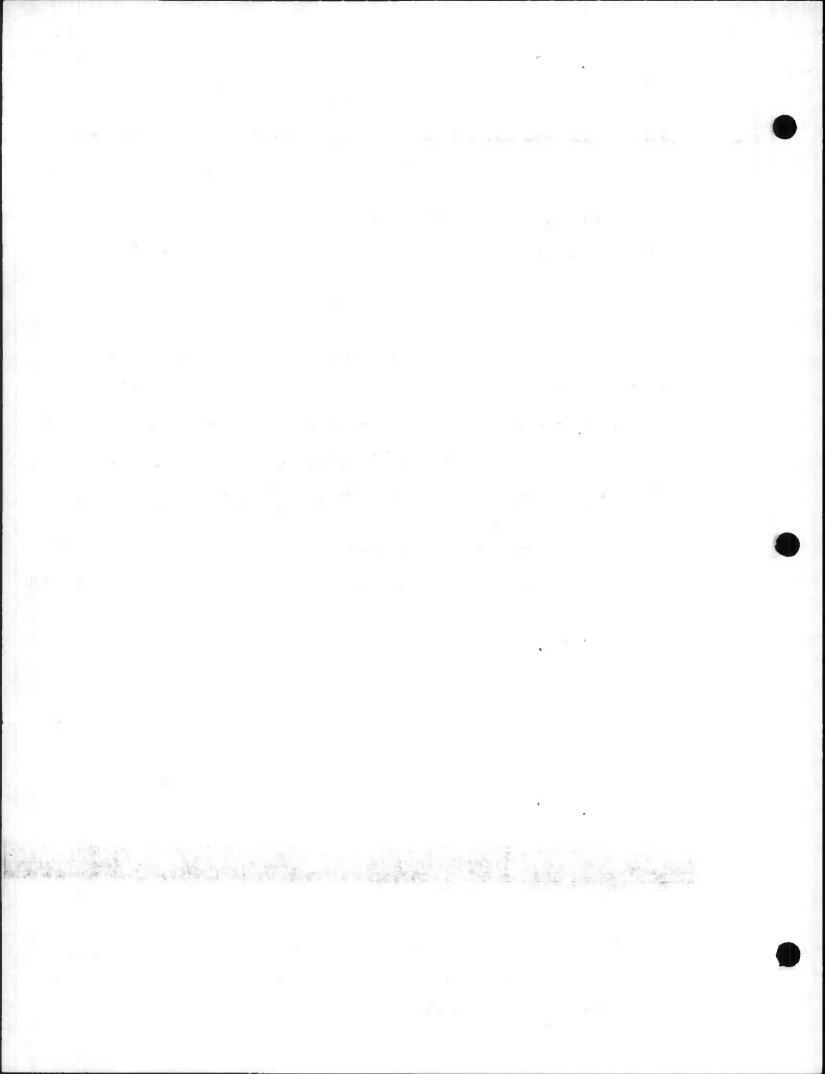
State Registrar

31. Date filed (Month, Day, Year)

JUL 01 1997

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

Natividad D. de Leon, M.D., 7620 YORK ROAD TOWSON, MARYLAND 21204 Juna Day don-Manuel

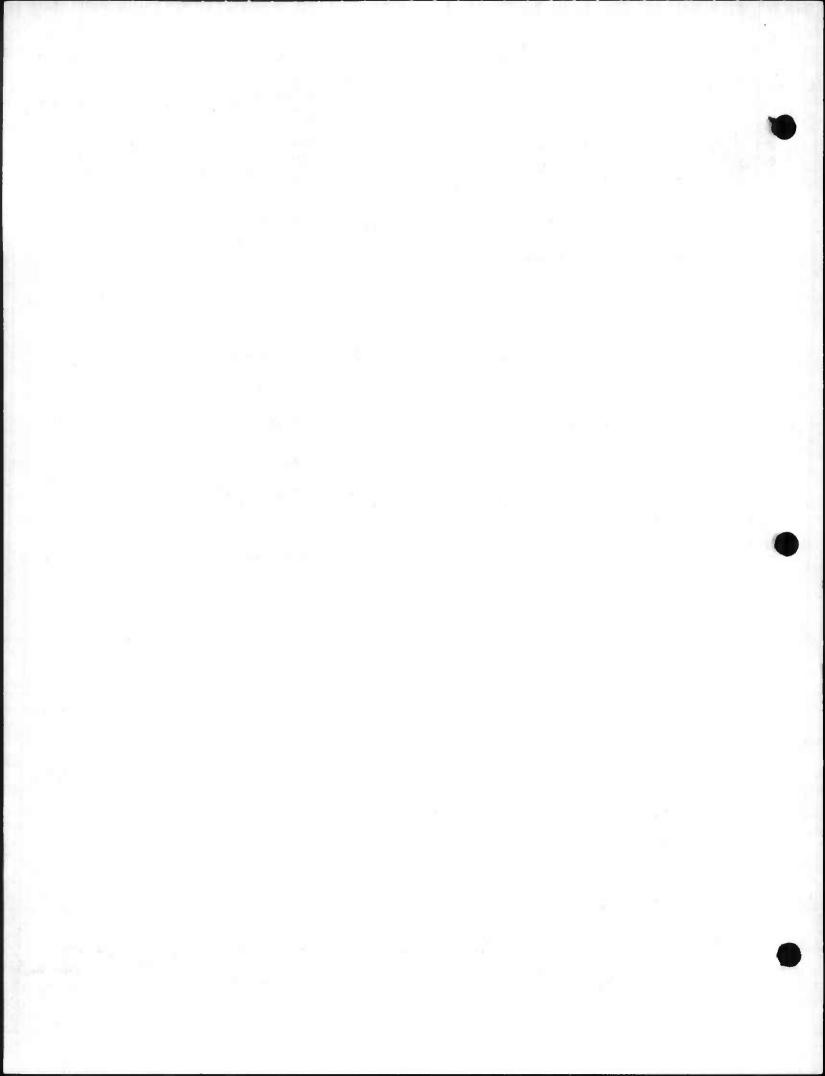


State of Maryland / Department of Health and Mental Hygiene 97

						Cei	rtificate of	f Death			Reg. No.	•	10010
	Б		1. Decedant's Nama (First, Middle	a, Last)						2. Data of Dea	ath	V-11	3. Time of Death
	Physici /Medi		Clara B. Sho	walter						Month	Day	Year Q 7	11:15pm
	Examir		4a. Facility Nama (If not institution		er)			4b. City, To	wn, or Lo	ocation of Death			-11.13pm
			13300 South	West Crai	n Hig	hway		Branc				ce Ge	eorge
	Funeral Director		5. Social Security Number 220-62-6767	6. Sax 7. / 1 ☐ M 2 ☐ F	Aga (In yrs. Ias 72	st birthday) Yrs.	Months Day		24 Hrs. Min.	8. Date of Birt (Month, Dat Aug. 31	h v. Yaar) 1924	9. Birth	place (Stata or Foreign ntry) Carolina
P			Usual Rasidance of Decedant								,		
aryler	tat		10a. Stata 10b. County		10c. City,	Town or Lo	cation					1	10d. Inside City Limits
M e	ZILI	cto	Maryland Princ	e George's	Bran	dywin	e						1 Yas 2 No
i i	or 2	Directo	10e. Street and Number				10f. Zip Coda				10g. Citizan of \	What Coul	niry?
eth v	23		13300 South We				206				USA		
er de	Hem.	Funeral	11. Marital Status	12. Was Decedar Armed Forca	s?	13.	Was Decedant of If Yas, specify Cu	Hispanic Ori ban, Maxicar	igin? (Spi n, Puarto	ecify Yas or No- Rican, atc.)	14. Rad Blad	e - Amaric ck, Whita,	can Indian, atc.
d 21215-0020 filed within 72 hours after deeth with the Merylend	tel hygiene. d other than "natural", or items 23s or 28s-f show event, the Medical Examiner must be portified at	by F	1 ☐ Navar Marriad ② ☐ Marri 3 ☐ Widowed 4 ☐ Divorced	ied 1 ☐ Yas 2] If Yas, Giva Yaar or Datas			1□ Yas 2X No	Specify:			Specify	<i>/</i> :	White
21215-0020 d within 72 hours al	ettra Sal E	Pe	15. Decedant	's Education		16a. Deced	dent's Usual Occi	upation			16b. Kind of B	usinass/In	dustry
215 Find	Medi	Completed	(Specify only highas Elamantary/Secondary (0-12)	t grada complated) Collaga (1-40		(Giva	kind of work don DO NOT usa ratir	a during mos	t of work	ing			,
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yla ylat	Ment	2	Roy Neiceman Ba	ker				Mary	y Lu	cy Sho	ulars		
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0	127 st		Ralph Otto Show	alter- Husb				Vest C	rain		, ,	9	ne, MD 2061:
S 8	5 = 0		20a. Mathod of Disposition  1√xBurial 2 □ Cramation	3 DRamoval from Stat	con	ce of Dispo natary, cren	sition (Nama of matory or other pi	lace)	i	Data	20c. Location -	City or To	own, Stata
Baltimore,	Department of Important: If it any injury or once.		4 Donation 5 Other (Sp	**	Trin		lemorial				Waldor	f, ME	)
Sem Sem	mpor mpor mpor mpor mpor mpor		21. Signatura of Funaral Services	Hund		22 H	Nama and Add	rass of Facilit 1era	Home	, Inc.			
			F. RIDGELY	HUNTT MOO31	10	P	. 0. Box	( 156,	Wal	dorf, M	D 20604	-0156	;
			23a. Part1. Entar tha disaase, or shock, or haart failura. List of	complications that caus only ona causa on aach	ed tha daath. I lina.	Do not ant	ar tha moda of dy	/ing, such as	cardiac	or raspiratory ar	rast,		Approximata Intarval Between
	ysician Medical		tmmediate Causa (Final									İ	Onsat and Death
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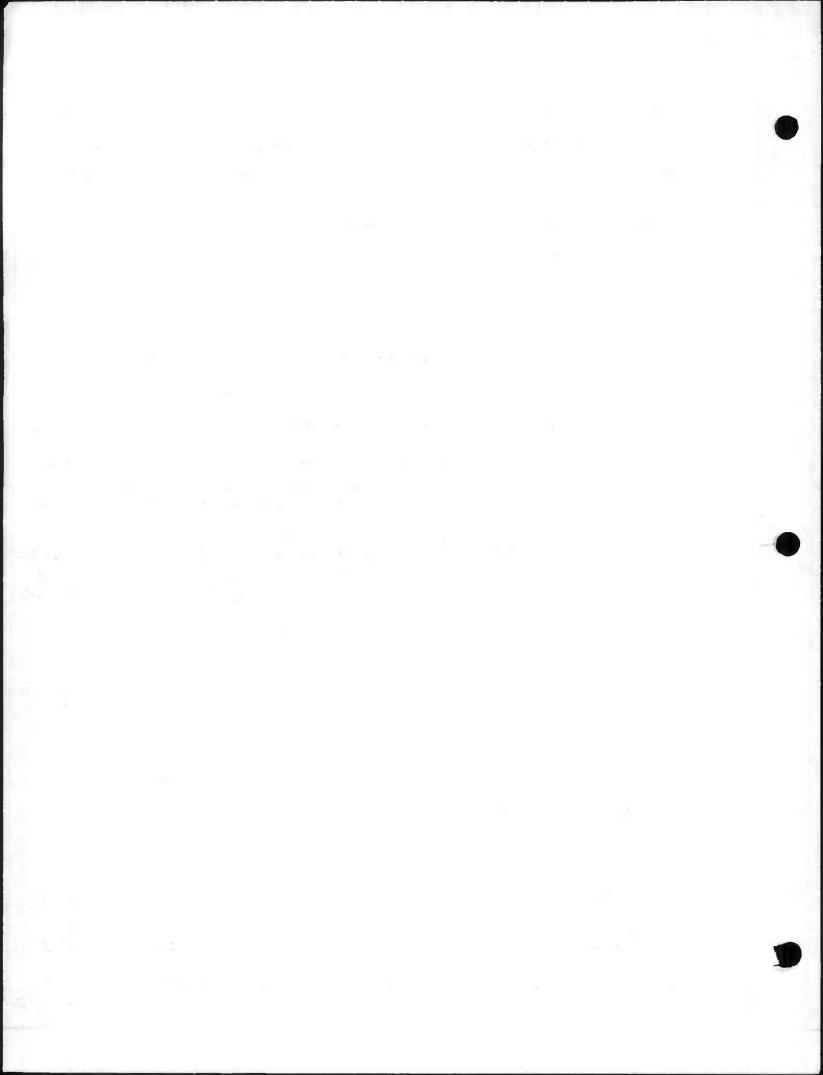
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State of Maryland / Department of Health and Mental Hygiene 97 20315

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	Physic /Medi	cal	Mary Ruth Thor		)			4b City Town	Month June , or Location of Deet		Year 997	2:4	5 PM
1	Examii	ner	Holy Cross Hos		,			Silver			tgome	257	
1	Funeral			Sex 7. A	ge (In yrs. last b	irthday)	If Under 1 Y	ear if Under 24		th Variable	9. Birthpi	ece (Stete	or Foraign
L	Director		579-10-2626 Usual Residence of Decedent	1□ M 2⊠ F	75	Yrs.	Months Di	iya Hours	Aug. 3,	1921	Count Washi		,D.C.
	ylanc how		10a. Stete 10b. County		10c. City, To	wn or Loc	ation				10	d. inside C	ity Limits
	the Ma 28s-f s	Funeral Director	Maryland Montgo	mery	Si	lver	Spring			100 Chinas of	10 th at Course		2 (No
	23a or	ā	10003 Portland P	Laga						10g. Citizen of		лут	
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020	filed within 72 hours after death with the Maryland Hygiene. ther than "natural", or flems 23s or 28s-f show out, the Medical Exercise must be notified at	by Fun	1 Never Married 2 Married 3 Widowed 4 Divorced	Armed Forces' 1 ☐ Yes 2 ☑ If Yes, Give Yaar or Datas:		if	Yes, specify 0	Cuban, Mexican, P	uarto Rican, etc.)		ck, White, e	itc.	
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	rt Tr		Robert J. Thorn	perry	10	0003	Port1a	and Place	Silver	Spring,	Marv1	and 2	0901
ore			20a. Method of Disposition		20b. Piece		ition (Name o		Dete	20c. Location	- City or Tov	vn, Stete	V20*
<u>E</u>	Pages nent of I int: If ite ury or o		1 ☑ Buriel 2 ☐ Cremetion 3 4 ☐ Donetion 5 ☐ Other (Spec					1 Park	06/20/97	Falls Cl	hurch.	Virgi	inia
Baltimore,	permit. Page: Department of Important: If It any Injury or once.		21. Signeture of Funeral Service Lic	Koola		Fra	ancis .		ns Funeral	Hone,	Inc.		
			23a. Party. Enter the disease, of co shook, or heart failure. List only	nnlications that cause	d the death Do	500	Unive	ersity Bl	vd., W. Si	lver Sp		MD 20 Approximat	0901
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P.0	the ach	/ Physician/			or not recenting		Jonying Gudo	given in Folki.		Yss 2□ No	3 □ Prob		Unknown
Records,	sw requires s been sign 2 should be	Completed by								an autopsy ormed?	ava	re autopsy t Itabia prior t apiation of d eeth?	to
<b>B</b>	0 - 0	000							10	Yes 2 No	10	Yes 2	No
Vital	Physician: The this certificate ral director, page	Be (	25. Wes case referred to medical exeminer?					26. Plece of	Death (Check only	one)			
of	\$ 000	ျှ	1 ☐ Yes 2 No	Hospitei: 1 Minpati		utpetient			ng Home 5 ☐ Resi	dence 6 □Ott	ner (Specify	)	
n o		ino ino	27. Menner of Deeth  1 ⊠Neturei 5 ☐ Pending	28a. Date of Inju (Month, Da		Time of injury		injury et Work?		how injury occu	rred		
Division	the the	Certification:	2 Accident Investigati 3 Suicide 6 Could not 4 Homicide determine	28e. Plece of In	jury - At home, f c. <i>(Specify)</i>	arm, stre		1  Yes 2 No		Street and Num. wn, State)	ber or Rural	Route Nurr	nber,
	To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edicai C	29a. Certifier (Check only one) 1 Cartifying P	hysicien: To the best minar: On the basis o end/menner st	f examinetion e	e, deeth	occurred et the	e time, dete end p ny opinion, death o	elece, end due to the occurred et the time,	ceuse(s) end m dete end place,	enner es ste and due to	ited. the ceuse(s	s)
	To the within 2 To the comple	Me	290. Signatuserand tille of contitor	1/			29c, Lic	ansa number		29d. Deta signe	ed (Month, E	ley, Year)	
7	10		· Claus	Ellin	aily	m	x D	1917	D I	JUN	18,1	199	7
			30. Name and address of person wh	completed cause of o	Seath (Item 23)	Typu, P	Tint)	0.1	11/1 01.	1110	CAD	11/1	111
	Sta	ite	31. Dete filed (Month, Dey, Year)	100 7 ^{32. Registr}	rat's Signature	5 O	COKO	NH B	1/6 3/1	-VBIC >	201(/	12	090



State of Maryland / Department of Health and Mental Hygiene

					Certifica	ate of Death		Reg. No.	21	20010
Dhysia	ion	1. Decedent's Name (First, Middle,	Last)				2. Dete of I		Year	3. Time of Death
Physic /Medi		Elaine K	enein Tr	ipp				12,199		7:45 A.M.
Exami		4a. Fecility Neme (If not Institution,	give street end number)			4b. City, Tow	vn, or Location of De	ath 4c. Co	ounty of Deeth	
		5404 Wisca	sset Road		Live Harris	Bethese	da	Mo	ontgomer	cy
Funeral Director		218-07-5488	5. Sex 7. Age 1  M 2	e (In yrs. last bi	Yrs. If Unc Month	der 1 Year If Under 2	Min. (Month,	Birth Day, <i>Year)</i> 10,1910	Count	ace (State or Foreign lry) Lfornia
pu .		Usual Residence of Decedent  10a. State 10b. County		10c. City, Tow	en or Location				144	
death with the Maryland ms 23a or 28a-f show Lithuit be notified at	ō	1000							10	Od. Inside City Limits  M☐ Yes 2 ☐ No
76 PB	Director	Md. Mont	gomery		Bethesd	A. Zip Code		10a Chinas	n of Whet Count	
Milh B or		6504 Wiscasset	Pond		101. 4	20816			S.A.	луг
South The 23	era	11. Maritel Status	12. Wes Decedent I	Ever in U.S.	13. Was Dec		in? (Specify Yes or I		Rece - America	en Indian
within 72 hours after death with the Maryian ere. than "natural", or literia 23a or 28a-f ahow he Medical Examiner must be notified at	by Funeral	1 ☐ Never Merried 2 ☑ Merrie 3 ☐ Widowed 4 ☐ Divorced	Armed Forces?			cedent of Hispanic Origocify Cuben, Mexican, 2 No Specify:	Puerto Rican, etc.)		Biack, White, e	etc.
2 ho	B	15. Decedent's	Education	16a	. Decedent's Us	sual Occupation	- 805.55.7	16b. Kind	of Business/Indu	
	Completed	(Specify only highest Elementary/Secondary (0-12)	grade completed)  College (1-4or 5	4)	(Give kind of a life. DO NOT	work done during most use retired)	of working			
Tr. Th. to. 440	0	12	001090 (111010	"	sales			Se	ars	
be fied tal Hygir d other event, II	Be	17. Father's Name (First, Middle, Le	ast)			18. Mother	's Name (First, Midd	le, Malden Su	mame)	
	2	unavailable					unavailal	ole		
NERM		19a. Informant's Name/Relationshi	p (Type, Print)	198	o. Mailing Addre	ess (Street and Number	r or Rural Route Nun	ber, City or To	own, State, Zip (	Code)
Health em 27		Stephen R. Tr	ipp/ husband	1	6504 Wi	scasset Rd	., Betheso	la, Md.	20816	
		20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3	Demoust from State	20b. Place o cemete	of Disposition (A	lame of r other placa)	Dete		lon - City or Tov	vn, State
Pages nent of P uny or of		4 Donetion 5 Other (Spe				ional Ceme	terv	Tria	ingle. V	Virginia
permit. Page Department of Important: If it any injury or o		21. Signature of Funerel Service Lie	ceneee		22. Name	end Address of Facility				
88188		D 1	Mh.			Funeral Ho		T7 1-	DC 2000	.7
_		23a. Part1. Effer the disease or or shock, or heart failure. List or	omplications that caused	the deeth. Do	not enter the m	Wisconsin A	ardiac or respiretory	errest,		Approximete
Physician		shock, or hear failure. Uset or	nly one cause on each lin	10.						Interval Between Onset and Death
/Medical	П	Immediete Cause (Final diseese or condition	Dement	in					1	
Examiner		resulting in death)	8		consequence o	<b>₽</b>			12	years
	je			ner's D	Section 200 miles and	n,			1	Inknown
outed	Examiner	Sequentially list conditions	D. —		consequence o	ብ:			- 0	IIKIIOWII
certificate be executed Iding physician and Ise as the burial-transit	EX	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury			,					
rifficate be executed ng physician and as the burial-transit	Medical	Cause (Disease or Injury that initieted events resulting in death) Lest	C	Due to (or as a	consequenca of	f):				
ng ph as ti	Pey	resulting in death) Lest				•				
		•	d							
0 0 0	Physician/	Part II. Other significant conditions	contributing to death bu	it not resulting l	n the undertying	cause given in Part I.	23b. Di	d tobacco use	e contribute to	the cause of death?
by th	,		•	•				Yee 2031		
s that gned b	by F	-0.0								
v requires been sign should be	8							is an autopsy formed?	24b. War	re autopsy findings ilable prior to
20 00	Completed							TOTTHEUT	CONT	npletion of cause leath?
0 - 0	E						10	Yes 2⊠N	to 1 🗆	Yes 2□ No
certificate	BeC	25. Was case referred to medical				26 Piece	of Death (Check only			100 2010
	To B	examiner? 1 ☐ Yes 2 ☐ No	Hospital:	nt 2 ER/Ou	utpatient 3 1	Other	sing Home 5 A Re		Other (Specify)	1
Phy eral d		27. Manner of Death	28a. Date of Injur	y 28b.	Time of	28c. Injury at Work?		e how injury or		,
Attending ir death. actor: After by the fune	to	1 ☑Natural 5 ☐ Pending 2 ☐ Accident investigat	(Month, Day	Year)	Injury M	Work? 1 ☐ Yes 2 ☐ N	lo			
- G # 6	27. Manner of Death  1 St Natural  2   Accident   Investigation  3   Sulcide   6   Could not be determined  4   Homicide   28e. F			ry - At home, fa . (Specify)	arm, street, fecto	ory, office		(Street end Nown, State)	iumber or Rural	Route Number,
the Hospital hin 24 hours the Funeral npletely filled	edical C	29e. Certifier 1⊠ Certifying (Check only one) 2 Medical Ex	Physician: To the best of aminer: On the basis of and manner ste	examination an	e, deeth occurre	ed at the time, dete and on, in my opinion, death	plece, end due to the	e ceuse(s) and e, date end pla	d manner as sta ace, end due to	ited. the cause(s)
within 2 To the comple	M	29b. Signature and title of certifier	-		2	9c. License number		29d. Date s	Igned (Month, D	Jey, Year)
4		D	6 1A	O(1)		6104		Jun	ne 12,19	97
		30. Name and address of person wh	- / qava	oth (liam har)	(Type Bel-1)	0104		3 (1)	12,17	
				` '		1 A	TT1-1	- DO	20016	
		Thomas C. H. 31. Date filed (Month, Day Mag)	avell, M.D.		atnedra	I Ave., N.W	.,wasning	on, DC	20016	
Sta	ite	JUN'1	8 1997 4	dia Saint	12.0	00				

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State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death

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T	HOMAS		Certific	cate of	Death		Reg. No.				
П	Disserted		Decedent's Name (First, Middle, Last)			2. Dete of Dec	eth	Vees	3. Time of Death		
	Physici /Medi		NELLIE T. THOMAS			Month	Dey 1 2	Year 1997	4:37P.M.		
	Examir		4a. Facility Name (If not institution, give street end number)		4b. City, Town, or L				4.3/P.M.		
-	Funeral Director			Under 1 Yea nths Days		HEIGH: 8. Date of Birt (Month, De) July 1	h v. Year)	9. Birthp	GEORGES lece (State or Foreign on try)  ngton, D.C.		
	pu .		Usuel Residence of Decedent  10e. Stete 10b. County 10c. City, Town or Location								
	ter death with the Marylan Itams 23a or 28s-1 ahow Inst. must be notified at	_						1	Od. Inside City Limits		
	Ne M	Director	Maryland Prince George's Capitol He						1⊈ Yes 2 No		
	E 0 8			of. Zip Code			10g. Citizen of V	What Coun	try?		
	sath 23 must	eral	412 St. Margarets Drive  11. Merital Status  12. Was Decedent Ever in U.S.  13. Wes D	2074			United				
21215-0020	al', or	by Funeral	Armed Forces? If Yes, 1 □ Never Married 2 □ Married 1 □ Yes 2 ☒ No	es 28 No	Hispanic Origin? (Sp ben, Mexicen, Puerto Specify:	o Ricen, etc.)	Specific	ce - Americ ck, White, o			
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		S	12 Administ	trativ			Govern				
anc	be fi	Be	17. Fether's Neme (First, Middle, Last)		18. Mother's Nam	ne (First, Middle,	Meiden Sumem	ie)			
Z	2 should be and Mental is marked or reumatic ave	2	Robert E. Butler		Mary H						
Maryland	12 st h and 7 is n treur				et end Number or Ru						
Baltimore,	Pages 1 and 2 should be filed nent of Haalth and Mental Hyg nnt: If Item 27 is marked othe Lry or other treumetic avent,		20a. Method of Disposition  1 ☑ Burial 2 ☐ Cremetion 3 ☐ Removal from State	y or other pl	ece)	Date	20c. Location -	City or To	MD 20743 wn, State		
	그 는 근 근		Nesuri ectio		etery 6	/18/97	Clinton	, MD			
Ba	Depa Impo any ir		STE	WART	FUNERAL H	OME, Inc					
			23a Port. Enter the disease, or complications that caused the death. Do not enter the	1 Ben	ning Road Ing, such es cardiac	N.E., W	ashingt rest,	on, I	Approximete Interval Between		
9	Physician /Medical		Immediate Ceuse (Final disease or condition						Onset end Deeth		
	Examiner		resulting in death)								
_		ner	Due to (or es e consequence	e Or):				1			
ó	ertificata be axecuted ling physician and se as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	isequence of):							
68760,	death certificata be a attending physicle d for use as the bu	edicai	ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting In deeth) Lest  C.  Due to (or es a consequence								
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00	that the death led by the atter detached for i	Physician	Pert II. Other eignificant conditions contributing to death but not resulting in the underly	ine course o	iven in Part I	22h Dida		mêniên de ên	the same of death?		
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Records	e law requiras that has been signed b je 2 should be dete	Completed b				24a. Wes o		ave	ere eutopsy findings eilable prior to mpletion of cause death?		
	0 - 0	NO.	_			1 1 Y	es 2□No	10	Yes 2□ No		
Vital	ysician: The s certificate director, pag	Be (	25. Wes case referred to medicel examiner?		26. Place of Deel	th (Check only o	ne)				
of <		70	Hospital: 1   Inpetient 2   ER/Outpatient 3	DOA O	ther: 4 Nursing He	ome 5 Resid	ence 8 XIOth	er (Specify	SCENE		
ם		:uo	27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury (Month, Dey Year) 28b. Time of Injury	28c. Inju	ury et ork?	28d. Describe h	Later and the second				
sio	Attending ir death. ector: Afte by the fune	cati	2 Accident investigation (1397 (63) M		Yes 2 No		OFGA				
Division	or Attendation of the original of the original of the original of the original of the original of the original of the original of the original of the original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original original origin	Certification:	4 Homicide determined 256. Piece of Injury - At nome, tarm, street, re building, etc. (Specify)	ectory, office		City or Tow	n, Stete)	-	I Route Number, (M		
	oral Differ		(DAUNY			MUKEN					
	To the Hospital or Attent within 24 hours after deat To the Funeral Director: completely filled in by the	edicai	29a. Certifier (Check only one)  Certifying Physician: To the best of my knowledge, deeth occu  Check only one)  Certifying Physician: To the best of my knowledge, deeth occu  Check only one)  Medical Examiner: On the basis of examinetion end/or investigated and menner steted.	rred et the t ation, in my	ime, date and place, opinion, deeth occur	end due to the or red et the time, o	euse(s) end ma lete end place,	nner es st and due to	ated. the ceuse(s)		
	To the Comi	Σ	29b. Signeture and title of certifier	29c. Licer	se number	1	29d. Dete signe	d (Month, I	Dey, Year)		
	8		Maynte but her		C.M.E.		JUNE 1	4,19	97		
	U		30. Name end address of person who completed cause of deeth (Item 23a) (Type, Print)  A LAWE W 111 Pe		treet, E	Baltimo	re, Ma	iryla	and 21201		

A Limit u 111 Penn Street, Baltimore, Maryland 21201

State

Registrar

31. Dete filed (Month, Dey, Year)

JUN 18 1997

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middia, Last) 2. Dete of Daath 3. Time of Death laylor Irginia 7:25A 13 June 4a. Fecility Neme (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death Adelphi Nusing Home adelphi Prox 7. Age (In yrs. last birthday)

M 24 F Rec. Yrs.

Months Days Hours Min. (Month, Day, Year) Prince George's Hartland of 9. Birthplece (State or Foreign 1□M 250F 86 July 16, 1910 Mary 1 and 578-12-1699 10c. City, Town or Location 10d. insida City Limits Maryland Prince George's
100. Strobt and Number N Yas 2 No 10f. Zio Coda 10g. Citizan of Whet Country? 20783 USA Koaa Was Decedant of Hispanic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, atc.) Wes Decedant Evar in U,S. Armed Forces? 14. Race - American Indian, Black, Whita, atc. 1 Yas 2 No If Yes, Giva Yeer or Datas: 1 Naver Merriad 2 Merried 1 Yas 2 No Specify: White 3 □ Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grada complated) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Collega (1-4or 5+) N/A N/A 17. Fathar's Name (First, Middia, Last) 18. Mother's Neme (First, Middle, Maiden Sumame) N/A 19a. informant's Name/Raiationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Route Number, City or Town, Stata, Zip Coda) 20743 Deborah Hasbrouck/Kep. 1909 Billings Que. Capital Heights, MD 20b. Pleca of Disposition (Name of cematary, cramatory or other place) 20c. Location - City or Town, Stata Burial 2 ☐ Cramation 3 ☐ Ramovel from State Washington National 6-18-97 Suitland, MD
22. Name and Address of Facility Marshaus Funeral Home 4 ☐ Donation 5 ☐ Other (Spacify) 21. Signature of Funaral Servica Licensee 4308 Suitland Road Suitland ND 20746 Buscione 23a. Part1. Entar tha disaasa, or complications that caused the daath. Do not enter tha mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each ilne. Dua to (or as a consequence of):

**Physician** /Medical Examiner

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

filed within 72 hours after death with the Maryland Hygiene.

Baltimore, Maryland 21215-0020

item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Examinar install be inclined as

permit. Pages 1 and 2 should be filed within 72 Department of Health and Mental Hygiene. Important: if item 27 is marked other than "ne any injury or other traumatic event, the Media pace.

Funeral

þ

Completed

ဥ

5. Social Security Number

10a. State

1801

11. Marital Status

N/A

20a. Mathod of Disposition

N/A

Usual Residence of Decedant

attending physician and for use as the burial-transit signed by the a been si s certificata has b

or Attending Physician: The law requires that the death certificate be associted

Division of Vital Records, P.O. Box 68760

Physician/Medical Examiner by Completed Be Certification: To 24 hours after death.

Funeral Director: After this letely filled in by the funeral di

immediata Cause (Finei disaasa or condition rasulting in daath) Sequantially list conditions, if any, laading to immadiata causa. Entar Underlying Causa (Disease or injury that initiated events resulting in daath) Last

Pert ii. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

Dua to (or es e consequance of):

Dua to (or as e consequence of)

23b. Did tobacco use contributs to the cause of death? 1 Yss 2 No 3 Probably 4 Unknown

24a. Was an autopsy performed?

1 Yas 2 DN 26. Place of Death (Check only ona) Hospitai: Other: 4 Nursing Homa 5 ☐ Residence 8 ☐ Other (Specify) 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of injury (Month, Day Year) 28d. Describe how injury occurred

5 Panding investigation 6 Could not be datarmined 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify)

28f. Location (Street and Number or Rural Route Number, City or Town, Stata)

29a. Certifiar 1 Certifying Physician: To tha bast of my knowledge, death occurred at tha tima, date and place, and dua to tha causa(s) and mannar as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29c. Licensa number 29d. Data signed (Month, Day, Year)

29b. Signatura and titla of certifiar

25. Was casa refarred to medical axaminar?

1 Yes 2 No

27. Mannar of Death 1 Maturei

2 Accidant

3 ☐ Sulcide

4 Homicide

D41931

1 Yas 2 No

24b. Ware autopsy findings evallable prior to completion of causa of death?

1 ☐ Yas 2 ☐ NO

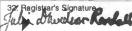
30. Nama and addrass of person who complated causa of daath (item 23e) (Type, Print)

refield Rd Wheton MD 20902 2. Sho mache 2309 MD

State Registrar

Medical

31. Data filed (Month, Day, Year)
JUN 1 8 1997



To the Hosp within 24 ho To the Fune completely f

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

97

20319

								Cel	TITICAL	e or i	Jeatn			Reg.	No.			
	Dhyaia		1. Decedent's Neme (First, Midd	le, Last)									2. Dete of De Month	eth	Dev	Voor	3. Time of	Deeth
	Physic /Medi		Rosalinda Mary	Usil	ton								June	15	,	1997	3:40	am
	Exami		4e. Fecility Neme (If not institution	n, give stre	et end nu	m <i>ber)</i>				4	b. City, To	wn, or L	ocation of Deel			y of Deeth		
			Shady Grove Adv	venti:	st Nu	ırsi	ng & Re	hab	ilita	ation	n R	ockv	ille			omery		
Г	Funeral		5. Sociel Security Number	6. Sex	Ar .	7. Age	(In yrs. lest bii	rthday)	If Under Months	r 1 Year Deys	If Under Hours	24 Hrs. Min.	8. Date of Bi (Month, Di June 8	th Va	arl	9. Birth	olece (Stete o	or Foreign
8	Director		577-01-6134	1 LJ M	20X F		91	Yrs.	MOUNTS	Deys	Hours	IVIIII.	June 8	3	1906	Wash	ington	, DC
	D .		Usuel Residence of Decedent															
	Maryland 21215-0020 d 2 should be filed within 72 hours after death with the Maryland th end Mentel Hygiene. 7 Is marked other than "natural", or items 23s or 28s-f show treumstic event, tra Medical Examirer must be notified at	_	10a. Stete 10b. County	,			10c. City, Tow	n or Lo	cation								10d. Inside C	
		cto	MD Mont	gomer	y		Gaithe	rsb	urg								1. Yes	2□No
		Director	10e. Street end Number						10f. Zip	Code				10g.	Citizen of	Whet Cou	ntry?	
			114 Rawlings Ro	oad						2087	7			A				
		Funeral	11. Maritel Status		12. Was Decedent Ever in U.S. 13			13. \	Vas Dece	dent of H	ispenic Orl	gin? (Sp	ecify Yes or No Rican, etc.)	)~			can Indien,	
0	or he		1 Never Married 2 Mar	ried	Armed Fo	2 EN	lo			111			Hican, etc.)			ick, White,		
21215-0020	al', a	þ	3 ☐ Widowed 4 ☐ Divorca		If Yes, Gi Year or D	ve letes:	11		I ∐ Yes	2LA.No	Specify:				Specia	fy:	White	
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	be filed wi tel Hygien d other the	Be	17. Fether's Neme (First, Middle, Lest)					18. Mother's Name (First, Middle, Meiden Sume					me)					
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Maryland	should be fand Mentel It is marked of umatic eve		19e. Informent's Name/Reletions	ship (Type,	Print)		19b	. Meilin	g Address	s (Street	end Numbe	or or Rur	ral Route Numb	er, Ci	y or Towr	, Stete, Zij	Code)	
Σ	nd 2 sith er 27 la		Sara A. Hammon	1									pt.1B 1					02
altimore,	tem othe		20a. Method of Disposition				20b. Pleca o	f Dispo	sition (Ner	me of		T	Dete			- City or T		
5	Peges nent of 1 ant: If its ury or o		1 □XBurial 2 □ Cremation 4 □ Donetion 5 □ Other (5		ovel from	State			E arros			6	/19/07	C4.	1	Conside	MD.	
	artme ortan Injur		21. Signeture of Funeral Servica				Gate						/18/97 ncis J					
B	permit. Peges 1 end 2 Department of Heelth e Important: If item 27 ls any Injury or other tre <u>905e</u> .		1 22	Liourisos	1		0	Но	me,	Inc.	500	Uni	versity	, B	lvd.	West	lerar	
			1//make	-7	L	1		Si	lver	Spr	ing.	MD	20901					
			23a. Part1. Enter the disease, o shock, or heart feilure. Lis	r complicat only one o	ons thet of	aused ech lin	the deeth. Do	not ente	er the mod	de of dyln	g, such es	cardiac	or respiretory e	rrest,			Approximet Interval Bet	eween
3	Physician				- \												Onset end I	Death
	/Medical Examiner		Immediate Cause (Finel disease or condition resulting in death)  e. Cluye Mys Carshuf upandon  Due to (or es e Jonsequence of):											24				
	Examine		resulting in death)	9. 2	100	24	Due to (or es e	onseq	uence of):		1	1						
-	D #	Examiner									C							
	certificata be executed nding physicien and use es the burial-transit	E	Sequentially list conditions,  Due to (or es e consequenca of):															
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ox 68760,	ata b nysic nhe b	n/Medicai	thet initieted events resulting in deeth) Lest	C		[	Due to (or es e	conseq	uence of):									
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m .	the atte	by Physicia	Pert II. Other significant conditi	ons contrib	uting to d	eath bu	t not resulting in	n the ur	nderlying o	ause give	en in Pert I		23b. Did	tobac	CO USO CO	ontribute t	the cause	of death?
P.O.	by th	h	<b>O</b>		2						ว						bably 4	
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ğ	law requiras that the death as been signed by the atter s 2 should be datached for i	P											24e. Wes				ere autopsy	
8	sho sho	Completed						_					реп	ormed	'	/ 00	allable prior to mpletion of deeth?	
æ	The lav	E													1			
Ö	T: T													Yes	ale No	11	Yes 2	No
<b>\rightarrow</b>	Attanding Physician: The lardeeth. ector: After this certificate haby the funeral director, page	Be	25. Wes case referred to medical exeminer?	Hos	oital:					Oth	ner .		h (Check only					
ō	문 후 들	To	1 Yes 2 No		1 Ll 28e. Dete	Inpetier		itpetien Time of		JA	40 NU	rsing Ho	ome 5 ☐ Res 28d. Describe				<i>y</i> )	
5	Attanding Ph ar deeth. ector: Aftar th by tha funeral	lo	1 CMaturel 5 ☐ Pendi	ng .	(Mon	th, Dey		Injury	M	28c. Injun Worl	ves 2□	No	200. Describe	HOW II	ijury occu	1100		
S	ttandi deeth. stor: A y tha f	cal	2 Accident Invest 3 Suicide 6 Could	not be	no Diese	and testing	a. Athoma fa				103 2	NO	20f Leasting	Ctmal	and Alum	harar Dur	of Pouto Num	har
Division of Vital Records,	or Attending after deeth.  Director: After din by the fune	Certification:	4 ☐ Homicide determ		buildi	ing, etc	ry - At home, fe . (Specify)	erm, str	et, iector	у, опіса			28f. Location ( City or To			Der OF HUA	PLOUTE NUM	uer,
_	urs a												III. VIII.					
	Hospital 24 hours Funeral stely filled	edical	(Check only 2 Medical	ng Physici: Examiner:	On the b	asis of	f my knowledge examination en	death	occurred estigation	et the tim	e, date en olnion, dee	d plece, th occur	end due to the red et the time.	date d	r(s) end m and pleca	enner es s end due t	teted. the cause(s	3)
	To the Hospital or within 24 hours afte To the Funeral Dir completely filled In	Med	one)		end men	ner ste	ted.										-1115.0555	
			29b. Signature end title of certifie	P	1	,			290	c. License	number	-		290.	Jete signe	Month,	Dey, Yeer)	
	10		Myron	(. Q	ery	Sen	MO		0	06	017			6	1/60	14/		
			30. Neme end eddress of person	who comp					Print)		23	207	SHON	26	FIE	201	20	-
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			31 Date filed (Month Dell Vadr.	4 0 40	32 0	lenist #	r'a Signahura	5 554										

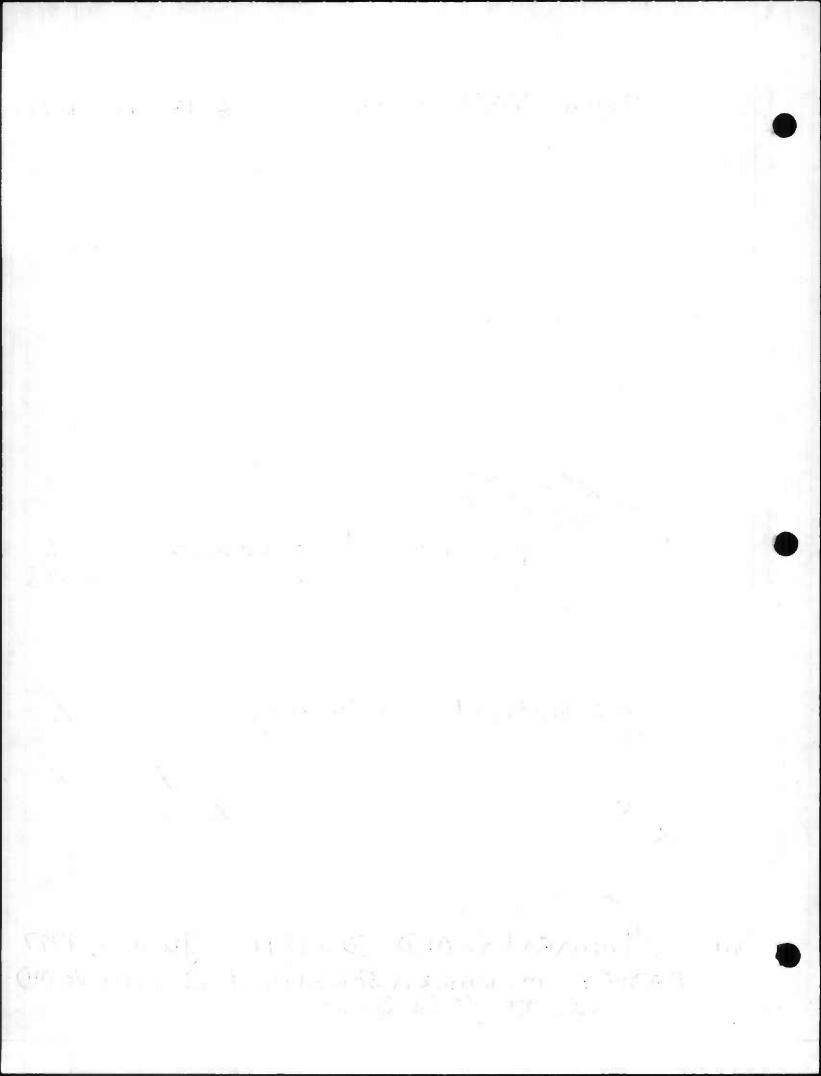
#234 Checked by To KARRY - MCH)

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

20320

				Cer	uncate of	Death		Reg. No.		
Physic /Med			alen	tin	e		2. Date of De Month	ath Day	3. Time of Death  S: 15 Pr	
Exam		4a. Facility Name (If not institution, give straet as 129 Lexington Drive	nd number)			4b. City, Town, or Lo Silver Sp			y of Death gomery	
Funera Director		5. Social Security Number 194-03-8798  Usual Residence of Decedent	7. Age (In yrs. 84	lest birthday) Yrs.	Months Days	Hours Min.	8. Date of Bir (Month, De July 3,		9. Birthplace (Stata or Foraign Country) Pennsylvania	
yland		10a. Stata 10b. County	10c. Cit	y, Town or Loc	eation				10d. Inside City Limits	
Ba-fs	Director	MD Montgomery	Sil	Lver Sp	ring				1 ☐ Yes 2X No	
vith th	Dire	10e. Street end Number 10f. Zip Code						10g. Citizen of What Country?		
s 23	eral	129 Lexington Drive	S 40.14	for Deserting	20901		14.5	USA		
72 hours effer death with the Maryland "natural", or frems 23e or 28e-f show ed call Examinating man be notified at	by Funeral	1 ☐ Never Married 2 ☐ Married 14 ☐ If Ye	Decedent Evar in Ugad Forces? Yes 2 No 1939 s, Give 1939 r or Dates: 110k	- 1 nown	Yes, specify Cul	Hispanic Origin? (Spoan, Mexican, Puerto  Specify:	Ricen, atc.)	Bla Specifi	ce - American Indian, ck, White, etc.  White	
hin 72 ho n *natura	ed	15. Decedant's Education (Specify only highest greda comple			ent's Usual Occu	pation during most of work		16b. Kind of B	usiness/industry	
d within giene. r than *	Completed	Elementary/Secondary (0-12) Colle		Radio Tow		Commercial TV & Radio Tower				
S is b	To Be	17. Father's Name (First, Middla, Last)  John Valentine				18. Mother's Name	( <i>First, Middl</i> a, nknown			
V 0 0 0		19e. Informent's Name/Reletionship (Type, Print	)			t end Number or Rura				
1 en Jeal Jeal Her		Ann Virginia Valentine 20a. Method of Disposition			xington ition (Neme of	Drive Si	lver Sp		ryland 20901	
H it		1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal 4 ☐ Donation 5 ☐ Other (Specify)	from State	emetery, crem	kson Ce	,	16/97		City or Town, State Jackson, inia	
permit. Pa Department Important: any Injury		21. Signatura of Edheral Service Coenses			Name and Addr	ess of Facility Collins	Funeral			
	1	23a. Part 1. Enter the durant, of other productions a	hal caused the death	50	Univer		.,W., S	il.Spr.	, Maryland 20901 Approximata Interval Between	
Physician /Medical Examiner	J	/ ///		tati	ch	ng C	anc	28	Onsat and Death	
P #	iner		Due to (o	r as a consequ	ence of):	J			months	
e execute lan end uriel-trans	i Examiner	Sequentielly list conditions, if any, leading to immediate causa. Enter Underlying	Due to (o	r as a consequ	ence of):					
o certificate be executed inding physician end use as the buriel-transit	n/Medical	Cause (Disease or Injury that initieted events resulting in death) Last	Due to (or	r as a consequ	enca of):					
the atter		Part II. Other algnificant conditions contributing	to death but not resu	ulting in the unc	fartying cause of	von in Part I	23h Did	ohacco usa co	ntribute to the cause of death?	
v requires that the death been signed by the atter should be deteched for	by Physicia	Chamic Obst	rncti		Pulm	enary	10		3 □ Probably 4 Unknown	
	Completed t	O'scare.						an autopsy mad?	24b. Were autopsy findings availabla prior to completion of ceuse of death?	
The ate has page	Com						101	ras 2 No	1 ☐ Yes 2 No	
ician: The lev certificate has rector, page 2	Be	25. Was case refarred to medicei examiner?				28. Piece of Deeth	(Check only o	ne)		
Physician: this certific and director,	2	1 Yes 2 No Hospital:		ER/Outpatient	3LI DOA	her: 4 Nursing Hor		denca 6 □Oth		
After funer	tion		Date of Injury Month, Dey Year)	28b. Time of Injury	28c. Inju Wo	ryat rk? ]Yas 2 □ No	28d. Describe h	now Injury occur	red	
To the Hospital or Attanding Physician: The lew within 24 hours after death.  To the Funeral Director: After this certificate has completely filled in by the funeral director, page 2	Certification:	2 Accident Investigation 3 Sutcide 6 Could not be determined 28e. F	Place of Injury - At ho building, etc. (Specify	ome, ferm, stree			28t. Location (S City or Tow	Street end Numb vn, Stete)	per or Rurel Route Number,	
To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical C	29a. Certifier (Check only one)  Check only one)  Check only one)  Check only one)	o the best of my know he basis of examinat manner stated.	wledge, deeth o ion and/or Inve	occurred at the ti stigation, in my o	me, date and place, a opinion, death occurre	nd due to the e	cause(s) and ma date end place,	inner as stated. and due to the cause(s)	
3+1	Me	29b. Signatura and title of certifiar	KQ A	1.D	29c. Licens	29816		29d Date signe	d (Month, Day, Year) 214, 1997	
		30. Name and address of person who completed RADITEY MI	URAR	23a) (Type, P	50 W	Edmon	ston.	D8.R	e14, 1997 ockville, MD	
Sta Regist	-6.4	31. Date filed (Month, Dey. 1997) 18 1997	2. Registra s signal	avidson-1	andre				-/-	



	ITEM#8 FLM#G749 PER F.H.	7/9/97 J.A.	Cer	tificate of	Death		Reg. No.	3/ 2032		
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an cal	PRIMUS E	WALKI	ER, SI	R.		June		997 0230 A		
ner	4e. Fecility Neme (If not institution, give street	end number)		- 5	4b. City, Town, or Lo	ocation of Deeth	4c. County	of Deeth		
	SHADY GROVE ADVENTIS			William divine	ROCKVILL			OMERY		
	5. Sociel Security Number 6. Sex 1577-38-5907	7. Age (In yrs. le	est birthdey) Yrs.	If Under 1 Year Months Deys	If Under 24 Hrs. Hours Min.	8. Dete of Birt (Month, Day		Birthplece (State or F Country)		
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ete	15. Decedant's Education (Specify only highest grade com.	pleted)	16e. Decede	ent's Usuel Occup	oation during most of work d)	ing	16b. Kind of Bu	usiness/Industry		
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S	17. Father's Name (First, Middla, Last)		TT	CCV DIT	18. Mother's Name	a (First Middle				
m	Sam Walker				Sadie		molden Samein	6)		
2	19e. Informent's Neme/Raletionship (Type, Pr	int)	19h Mailin	n Address (Street			or City or Town	Stete, Zip Copen 8 7 C		
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	20e. Method of Disposition	20b. Pie	aca of Dispos	ition (Name of etory or other ple		Dete	20c. Location -	City or Town, State		
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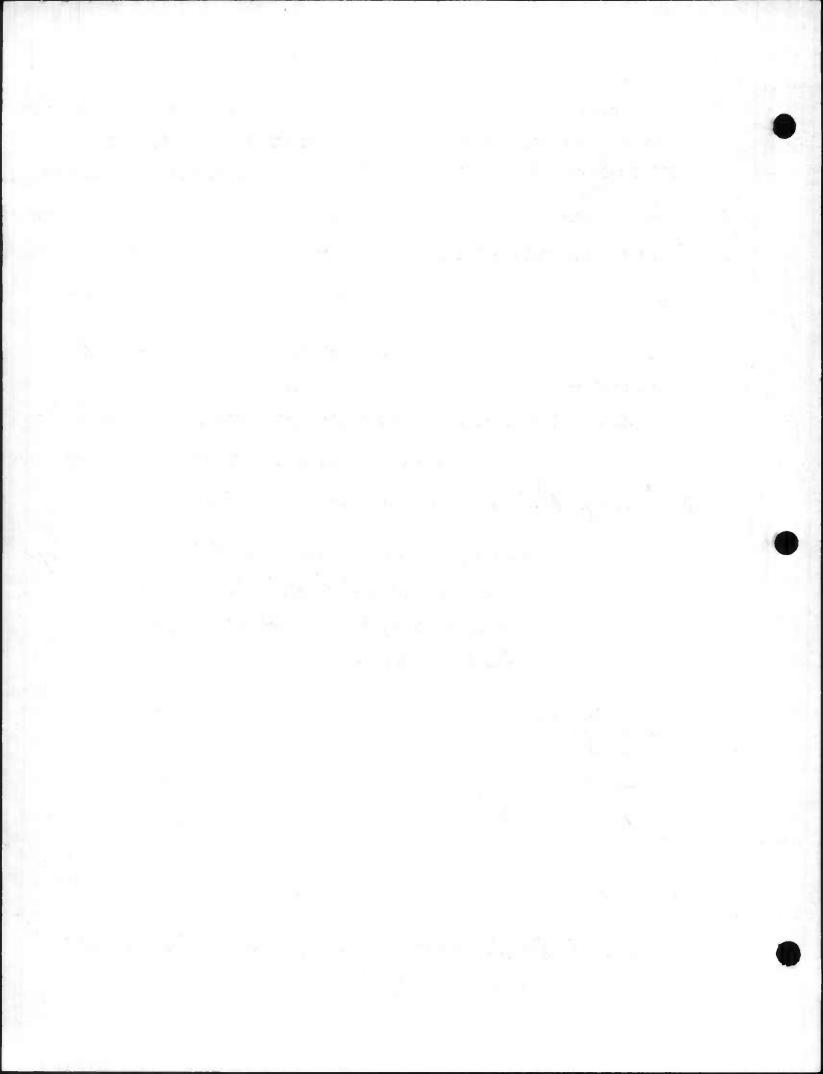
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To the Funeral Director: After this certificate has been signed by the ettending physician and completely filled in by the funeral director, page 2 should be deteched for use as the buriel-transit

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Baltimore, Maryland 21215-0020



WRC 97-3242-031 DENNIS WEBSTER

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

20322

**Physician** /Medical Examiner

Director the Marylend r 28a-f show ò traumatic event, the Medical Examiner must be or items 23a permit. Peges 1 and 2 should be filled within 72 hours effer c Deperment of Heelth end Mental Hygiene. Important: If item 27 is marked other than "natural" ~ any injury or other traumatic average.

**Physician** /Medical Examiner

thet the death certificate be executed physicien end s the buriel-trans Box 68760 P.O. be det Records, page 2 certificate Division of Vital this After thi funeral Hospital or Attanding s efter death.

I Director: After din by the fun To the Hospital or within 24 hours eff To the Funeral Di completely filled in

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth JMME 13y 19 9 7 Dennis Errol Webster 07:35 am 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death EAST-WEST HIGHWAY & MEADOWBURK RD. Montgomery BETHESDA If Under 1 Year Months Deys 6. Sex 1 M 2 □ F If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 9/26/63 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** Hours 214-90-0054 33 Yrs. Mississippi Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Director 1 ☐ Yes 2 No Silver Spring Montgomery 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 8500 Sundale Drive 20910 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-iff Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 ♣ No If Yes, Give Year or Dates: Black 1 ☐ Yes 2 No Specify: þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Sheltered Workshop **Packer** 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Leon Webster Myrtle White 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 8500 Sundale Drive, Silver Spring MD 20910 Myrtle Webster (Mother) 20b. Place of Disposition (Neme of cemetery, cremetory or other piece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ★ Cremetion 3 ☐ Removal from State 6/19/97 Beltsville, MD 4 ☐ Donation 5 ☐ Other (Specify) Chesapeake Crematory 21. Signature of Funerel Service Licensee 22. Name and Address of Facility Pope Funeral Homes 23e. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiretory errest, shock, or heart fallure. List only one ceuse on each line. 11315 Lockwood Drive, Silver Spring, MD 20904 Approximete Intervel Between Immediate Ceuse (Final disease or condition resulting In death) · POSITIONAL ASPHYXIA AND HOTAD THURIS Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that Initiated events resulting in death) Last Due to (or as e consequence of): Physician/Medical Due to (or es e consequence of): Part II. Other alonificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 | Yes 2 No 3 Probably 4 □ Unknown P 24b. Were eutopsy findings eveilable prior to 24a. Was en eutopsy performed? Completed completion of cause of death? 1 Ves 2□ No 18 Yes 2□ No Be 25. Was case referred to medical 26. Piece of Death (Check only one) exa*m*iner? 1. Yes 2 □ No AT Other: 4 Nursing Home 5 Residence 6 MOther (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA SCENE 27. Manner of Death 28b. Time of Injury 28d. Describe how injury occurred 28a. Date of Injury (Month, Day Year) 28c. Injury at Work? 1 Natural 5 Pending 1 Yes 20 No ASSEMEN IN VAN 1397 0738AM investigation 2 Accident 6 Could not be determined 3 Suicide Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number City or Town, State) 4 Homicide EDST WOSTHIGHWY KONTY ONCYCO 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date end place, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examinetion and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated. 29a. Certifier Medicai 29b. Signat@re end title of certifier 29c. License number 29d. Date signed (Month, Dev. Yeer) O.C.M.E. 14, JUNE 1997 completed cause of deeth (Item 23e) (Type, Print) Ondulw 111 Penn Street, Baltimore, Maryland 21201 AMUDRISTS

State Registrar 31. Date filed (Month, Day

32. Registrar's Signature

Julia Davida

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month Year Mary D. 12:30AM White JUNE 1997 /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Prince George's Hospital Cheverly P.G. If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. lest birthdey) Birthplace (State or Foreign Country) **Funeral** 1□ M 2/2 F 578-10-8744 88 Yrs. **Director** Washington D.C March 1,1909 Usual Residence of Decedent the Marylend r 28a-f show 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Directo Md. P.G. College Park 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? permit. Pages 1 and 2 should be filed within 72 hours after death with I Department of Health and Mental Hygiene. Important: If item 27 is marked other than "naturel", or items 23a or any Injury or other traumatic event, the Medical Examiner must be in once. 4711 Berwyn House Rd. Apt. 313 20740 U.S.A. Funerai 12. Was Decedent Ever in U,S. Armed Forces? Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Stetus 1 Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify. ģ Specify: 3 Widowed 4 □ Divorced White Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Cosmetics Sales 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) UNKNOWN UNKNOWN 19a. Informent's Name/Relationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4015 Oglethorpe Richard W. DiGuiseppe (Son) Hyattsville, Md. 20782 St. 20b. Place of Disposition (Name of cametery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State Date 1 ☐ Burial 2 ☑ Cremation 3 ☐ Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) 6/14 Chambers Crematory Riverdale, Md. 22. Name end Address of Facility 21. Signature of Funeral Service Licenses Chambers Funeral Homes, P.A. ramber 5801 Cleveland Ave. Riverdale, Md. 20737 Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset end Death **Physician** /Medical Immediate Cause (Finel · HYPERTENSIVE ARTERIO SCHERETIC CARDIOVASCULAR DISEASE disease or condition resulting in deeth) Examiner Due to (or as a consequence of) Examiner INTESTINAL OBSTRUCTION the bunel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury Due to (or as a consequence of) pue Box 68760. attanding physician HYPERTENSION certificata be Physician/Medical that initiated events resulting in death) Last Due to (or as a consequence of). 88 USB B for Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Unknown CORONARY ARTERY DISEASE; CHRONIC RENAL INSUFFICIENCY Division of Vital Records, þ 2 24b. Were autopay findings evalleble prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed page 2 1 Yes 2 No 1 ☐ Yes 2 ☐ No certificate Hospital or Attending Physician:
 24 hours after death.
 Funeral Director: After this certifica funeral director. 25. Wes case referred to medical examiner? Be 26. Place of Death (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 1 Yes 2 No Other: 4 Nursing Home 5 Residenca 6 Other (Specify) Certification: To 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury at Work? 5 Pending 1 Yes 2 No Investigation 2 Accident 6 Could not be determined 3 Suicide 28e. Ptace of tnjury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) filled in by 4 - Homicide Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

| Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and place, end due to the cause(s) end manner stated. 29a. Certifier Medical (Check only one) To the within 2 29b. Signature and March certifie 29c. License number 29d. Date signed (Month, Day, Year) 25 027566 JUNE 13, 1997 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) M.D. 7100 Baltimore Ave. College Park, Md. 20740

State Registrar ALLEYNE

1997 32. Registrar's Signature

Julia Davidson

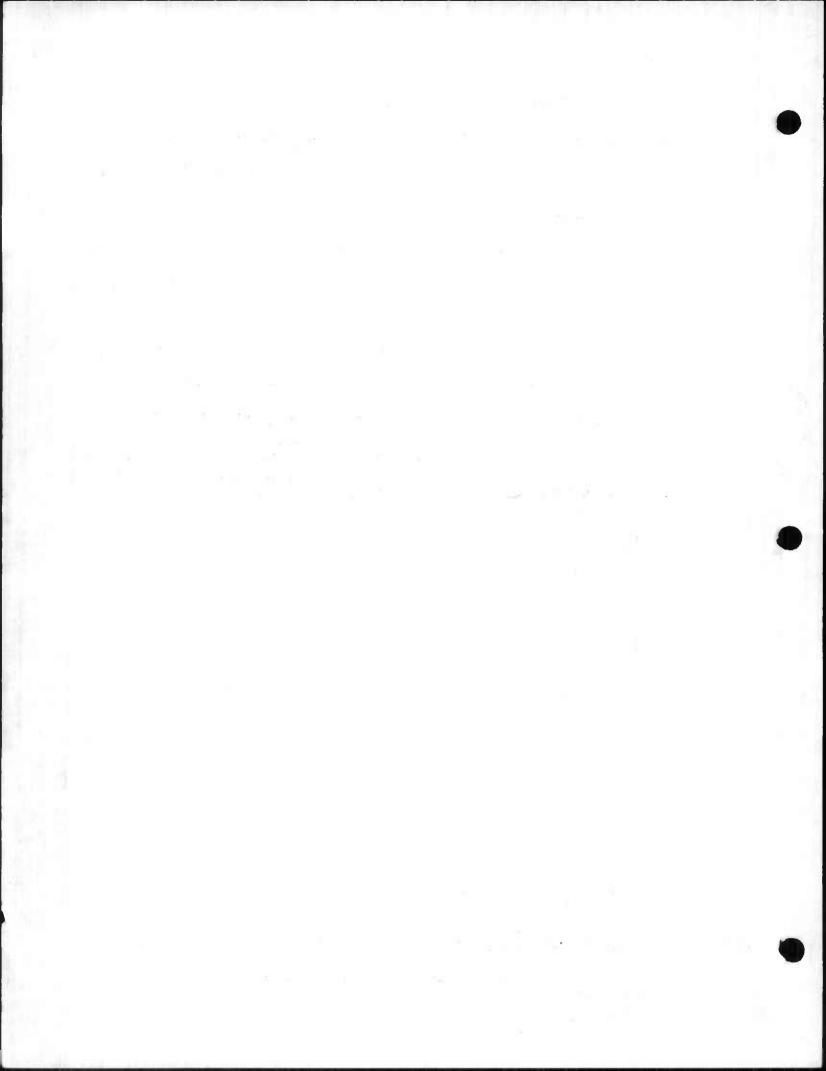
-Randelle

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# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 20324

						Cei	rtificate of	Death		Reg. No.		
	Physic	ian	1. Decedent's Name (First, Middle, Lest)  Minor Keith Wilson, Jr						2. Date of De Month	Day Year		3. Time of Death
	/Medi		al							,,		1:27 AM
9	Exami	ner	44.50 South Park Avenue #1801				4b. City, Town, or L					
							William AN	Chevy Ch			tgome	-
	death with the Maryland ms 23s or 28s-f show		579-52-7580	Sex 1⊠M 2□F	7. Age (In yrs. 92	lest birthday) Yrs.	If Under 1 Year Months Days		8. Date of Bir (Month, De Sept. 2	y, Year) , 1904	9. Birthpl Count Oh:	lace (State or Foreign try) 10
			Usual Residence of Decedent  10a. State 10b. County		10c. Cit	y, Town or Lo	cation				10	Od. Inside City Limits
	a-f s	cto	Maryland Montgo	mery		Chevy	Chase					1 ☑ Yes 2 ☐ No
	# # 28 × 28	ire.	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Count	try?
	h wil	alD	4450 South Park	Ave., #18	301		20815			United	Stat	es
020	id 2 should be filed within 72 hours after death with the Marylan th and Mental Hyglene. It is marked other than "natural", or flams 23s or 28s-f show traumetic event, the Modical Examerer must be notified at	by Funeral Director	11. Marital Status  1 □ Never Married 2 ☑ Married 3 □ Widowed 4 □ Divorced	# Ven City	ces? 2 □ No	1	Wes Decedent of I f Yes, specify Cub	Hispanic Orlgin? (Spean, Mexican, Puerto Specify:	pecify Yes or No Rican, etc.)	14. Rad Bla Specif	ce - America ck, White, e y: Wh	
21215-0020	within 72 hours after ene. than "natural", or ite	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4or 5+) 5+			16e. Deced (Give life. L	ecedent's Usual Occupation live kind of work done during most of working e. DO NOT use retired)  Officer				Kind of Business/Industry	
9	Hygie ther ant,	Ö	17. Father's Name (First, Middle, Las	-	31			18. Mother's Nem	e /First Middle		S.Arm	У
Maryland	ould be filed with Mental Hygiene. arked other than atic event, the	Be C	261 - 77 - 1-1 - 771-7						a Disse		110)	
7	should nd Men marke	T _o	19a. Informant's Name/Relationship			401 14:35						
Ma	d 2 sho th and 7 is me traume							t end Number or Ru			Stete, Zip	Code)
	1 and Heaith em 27		Cyrus C. Wilson/S	son	20h P	lace of Dispo	eition (Name of	London,	Date		0	0
ō	Pages tent of mt: If its ry or o		1 ☑ Burial 2 ☐ Cremation 3	□Removai from S	tete	emetery, cren	natory or other pla	ce) June 30	), 1997	20c. Location		
5	Samt Sant		4 Donetion 5 Other (Spec		Ar			al Cemete		Arlingto	on, Vi	irginia
Baltimore,	permit. Pages 1 and Department of Health Important: if item 27 any Injury or other tr 905e.		21. Signature of Funeral Service Lice	ensee	M001	98 R	Name and Address A. 557 Wisc	Pumphrey onsin Ave Maryland	Funeral nue 20814	Home/ ^B	Chas	da-Chevy e, Inc.
,	Physician /Medical Examiner		23a. Part1. Enter the disease, or conshock, or heart failure. List only immediate Cause (Final disease or condition resulting in death)		eumonia	а		ng, such as cardiac	or respiratory as	rest,		Approximate interval Between Onset and Death days
	D #	iner	_	In	Due to (o ability	rasa conseq y to st					7	lears
oʻ	certificate be executed Inding physician and Use as the burial-transit	Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury	Ce		as a conseq	uence of): r Accide:	nt			3	Years
68760,	physicii the bu	Medical	Cause (Diseese or Injury that initiated events resulting in death) Last	C	cDue to (or as e consequence of):							
Box 6	0 2 3	an/Me		d								
	0 0 0	Physician	Part II. Other significant conditions	contributing to dea	ulting in the ur	iderlying ceuse gi	ven in Pert i.	23b. Dld 1	obacco use contribute to the cause of deat		the cause of death?	
s, P.O	res that the de igned by the a be detached f	by Ph							10'	Yes 2⊠ No	3 Prob	ebly 4 ☐ Unknow
Records,	aw requires to been so 2 should	Completed I								an autopsy med?	eva	re autopsy findings itable prior to appletion of ceuse eath?
=		5							1 U Y	es 2⊠ No	10	Yes 2⊠ No
Vital	ician: Th certificate rector, par	Be	25. Was case referred to medical examiner?					26. Piece of Deat	th (Check only o	ne)		
of	0 m	2	1⊠ Yes 2□ No	Hospitel: 1   Inj	patient 2 1	ER/Outpatien	3□ DOA Oth	ner: 4 Nursing Ho	ome 5 🖾 Resid	lence 6 DOth	er (Specify)	)
	After After fune		27. Manner of Death 1 ⊠Natural 5 ☐ Pending 2 ☐ Accident Investigation	28a. Date of (Month)	injury , Dey Year)	28b. Time of Injury		OA Union: 4 Nursing Home 5 ⊠ Residence 6 Other (S 28c. Injury at Work? 1 Yes 2 No				Jan 18
Division	al or Attendest after dest Director: d in by the	Certification:	3 Suicide 6 Could not l 4 Homicide determined	pet, factory, office  28f. Location (Street and Number or Rural Route Num City or Town, State)					Route Number,			
	To the Hospital or Atta within 24 hours after de To the Funeral Directo completely lilled in by th	edicai C	29e. Certifier 1 Certifying Processing Check only one) 2 Medical Example 1	hysician: To the bominar: On the bas and manne	is of examinati	vledge, deeth lon end/or inv	occurred et the tir estigation, in my o	me, date and place, pinion, deeth occur	and due to tha cred et the time, c	cause(s) end ma date and piece,	anner as sta	ited. the cause(s)
	To the within 2 To the comple	Me	29b. Signeture and title of certifier		0-		29c. Licens	se number		29d. Date signe	d (Month, D	Pay, Year)
	20+1		Iewis.	hear	fell						5, 199	
			30. Name and address of person who Lewis N. Cahill,					Rockville	, Maryla	and 208	352	

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 97 20325

Physici /Medi									eath			Reg. No.			
/Medi		1. Decedent's Name (First, M	ddle, Last)								2. Date of D		Yea		3. Time of Deeth
			Katheryn	E	. W	eber					June 1	2. 19			12:40PM
Examir		4e. Facility Name (If not Institu						4b.	City, To		cation of Dec		County of De	eath	
Tegan II		Southern Mary	land Hos	pital	Cente	r		C1:	intor	n		Pri	nce Ge	oro	e's
Funeral		5. Social Security Number	6. Sex	7. A	ge (In yrs. les		If Under 1 )	aar	If Under a	24 Hrs.	8. Date of B	irth	-		e (State or Foreign
Director		260-05-6905	1□M 2	¹ 82		Yrs.	Months D	ays	Hours	Min.	Oct. 1	Oey, Year)	4 G1	Country,	ster,Mass
D		Usuai Residence of Decedent										291/1	1011	Juce	ster, mass
r 28a-f show		10a. Stata 10b. Cou	nty		10c. City,	Town or Loc	cation							10d.	Inside City Limits
a-f-a	cto	Maryland Princ	e George	's	Oxon	Hill									1 X Yes 2 □ No
or 28	Directo	10e. Street and Number					10f. Zip Co	de				10g. Citiz	en of What	Country	?
1215-0020 within 72 hours after death with the Maryland ans. than "natural; or items 23s or 28s-f show the Medical Example matter notified.	aj	2101 Owens Rd					207	45				USA			
ter dea	Funeral	11. Maritai Status	12. Wa	s Decedent	Ever in U,S.	13. V	Vas Deceden Yas, specify	of Hisp	anic Ong	gin? (Spec	cify Yes or N	lo- 1	4. Race - Ar		
or its		1 Never Married 2X N	larried 1	ned Forces Yes 2 🗓 es, Give	No					, Puerto P	tican, etc.)		Black, Wi		
ours al',	by	3 ☐ Widowed 4 ☐ Divor	ed Ya	ar or Dates:		_   '	☐ Yes 2🏋	NO	Specify:				Specify: V	Vhit	е
72 hours natural;	Completed	15. Dece	dent's Education hast grade comp	(atad)		16a. Deced	ent's Usuei O kind of work a	ccupatio	on ring most	of workin		16b. Kin	d of Businas	ss/Indus	stry
Maryland 21215-0020 d 2 should be filed within 72 hours af th end Mental Hygiana. 7 Is marked other than "natural", or traumatic event, the Medical Exam	ple	Elementary/Secondary (0-1)		liege (1-4or		life. D	nd Mot	etired)	ning most	OF WORKE	ig	A 4.			
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ie, Mal ylal s 1 and 2 should be f Haalth end Mental ltem 27 is marked other traumatic ev	'	19a. informant's Name/Relati	onship <i>(Typ</i> e, <i>P</i> n	nt)		19b. Mailin	g Address (S	treet en	d Numbe	er or Rural	Route Num	ber, City or	Town, Steta	, Zip Co	ode)
1 and 2 Health em 27 li		Gustav S. Webe	r/Husban	d		Same	as ite	m 10	)						
S Hara		20a. Method of Disposition				ce of Dispos	sition (Neme o	of r place)			Date	20c. Loc	ation - City	or Town	, State
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Physician / /Medical		Immediate Cause (Finat		1											A A
Examiner		disease or condition resulting in death)	a	ACU	18	1231	PCRAT	OR	4		-411	Uds			nays
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a death	sicia	resulting in death) Last Part II. Other significant cond	ditlons contributin	g to death b				e given	In Part I.		23b. Die	i tobacco u	se contribu	ite to th	e cause of death?
at the deat d by the atte	Physician	Part II. Other significant cond			out not resulti	ng in tha un		e given	in Part I.			i tobacco u			e cause of death?
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Or VII.al necorus Physician: The law requires this certificate has been sign al director, page 2 should by	Medical Certification: To Be Completed by	Part II. Other significant cond  PCL  25. Was case referred to med examiner?  1	cel Hospital ding stigation ld not be mined 28a. lying Physician: el Examinar: On en en en en en en en en en en en en en	1 Impatile Date of Inju (Month, De Place of In building, et the basis of dimenner st	ent 2 EF	A/Outpatient Bb. Time of Injury e, farm, stree	3 DOA 28c. M occurred at the estigation, in the stigation, in the stigation and the stigation are stigation. The stigation are stigation at the stigation are stigation at the stigation are stigation.	2 Other: Injury el Work? 1 Ya flice	ACC. Place 4 Nur t ts 2 N date ancilon, death	of Death rsing Hom 20 No 21 A piace, ar	24a. Wa per 1 [Check only the 5 ] Re: 8d. Describe 8f. Location City or Tond due to the det the time	s an autops formed?  Yas 25 one)  Sidence 6 In how injury  (Street and indicates of the street and indicates of th	No 3 Day 24th No Documed Number or Indiananer of Signed (Mo	D. Were availa comploid dea 1 1 Y. Decify)  Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rura	eutopsy findings ble prior to letion of causa ath?  les 2 No  oute Number,  od. e ceuse(s)
OT VITAI RECOTGS Physician: The law requires this certificate has been sign al director, page 2 should b	Medical Certification: To Be Completed by	25. Was case referred to med examiner?  1 Yes 2 No  27. Manner of Death 2 Accident inve 3 Sulcide 6 Cou 4 Homicide  29a. Certifier (Check only one)  29b. Signature and titla of cert	cel Hospital ding stigation ld not be simined 28a. sying Physician: el Examiner: On endier	1 Impatile Date of Inju (Month, De Place of In building, et the basis of dimenner st	ent 2 EF	A/Outpatient Bb. Time of Injury e, farm, stree	3 DOA 28c. M occurred at the estigation, in the stigation, in the stigation and the stigation are stigation. The stigation are stigation at the stigation are stigation at the stigation are stigation.	2 Other: Injury el Work? 1 Ya flice	ACC. Place 4 Nur t ts 2 N date ancilon, death	of Death rsing Hom 20 No 21 A piace, ar	24a. Wa per 1 [Check only the 5 ] Re: 8d. Describe 8f. Location City or Tond due to the det the time	s an autops formed?  Yas 25 one)  Sidence 6 In how injury  (Street and indicates of the street and indicates of th	No 3 Day 24th No Documed Number or Indiananer of Signed (Mo	D. Were availa comploid dea 1 1 Y. Decify)  Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rural Rura	eutopsy findings ble prior to letion of causa ath?  les 2 No  oute Number,  od. e ceuse(s)

State of Maryland / Department of Health and Mental Hygiene

97 20326

						Certificate of	Death	F	Reg. No.		
	Physic /Medi		1. Decedant's Nama (First, Middle, Last)  Chieuita		W	arren		2. Data of Das Month	ith Day	Yaar 997	3. Tima of Death 5:20pm
	/Medir Examir		4a. Facility Nama (If not institution, giva st.	reet and numbar)			4b. City, Town, or	Location of Death			
1			Prince George'	s Hospit	al Ce	enter	Cheve	rly	Princ	e Ge	eorge's
	Funeral Director		5. Social Sacurity Number 216-80-6001 6. Sax Usual Rasidance of Decedant	7. Aga (In	39	hday) If Under 1 Yaar Months Days					aca (State or Foraign try) Yland
	Maryland a-f show	tor	10a. Stata 10b. County Maryland Charles		c. City, Town		aldorf			10	0d. Insida City Limits
	th with the 23a or 28	ral Director	10e. Street and Number 2329 Hope Circle	2		10f. Zip Coda	20601		10g. Citizan of V	Vhat Count	ry?
020	n 72 hours efter death with the Maryland "netural", or itams 23s or 28s-f show solical Examiner must be notified at	by Funeral	11. Marifal Status 12  1 Navar Married 2X Marriad  3 Widowad 4 Divorced	2. Was Dacedant Eval Armed Forcas? 1 ☐ Yas 2 X No If Yas, Giva Yaar or Datas:	r in U,S.	13. Was Decedant of If Yas, specify Cut		Specify Yas or No- to Rican, etc.)	14. Race Blac Specify	e - Amarica k, Whita, a	
21215-0020	within ane. than	Completed	15. Dacadant's Educa (Specify only highast grada Elamantary/Sacondary (0-12)	tion complated) Collaga (1-4or 5+)		Decedent's Usual Occu (Giva kind of work done life. DO NOT usa retire minstrati	i duning most of wo		16b. Kind of Bu	ernme	
p	be filed tai Hygir d other event, I	BeC	17. Fathar's Nama (First, Middla, Last)	<u> </u>				ma (First, Middla,			=110
lar	0 0 0	To B	Russell Colber	t				Mildred	Brooks		
, Maryland	nd 2 shoalth end 27 is m		19a. Informant's Name/Relationship (Type Wesley Warren/Hush			Mailing Addrass (Straa 329 Hope C					
Baltimore,			20a. Mathod of Disposition  15☐8urlal 2 ☐ Cramation 3 ☐ Rai		cam ataŋ	Disposition (Nama of , cramatory or other pla		Data	20c. Location -		
E m	men tant: jury		4 ☐ Donation 5 ☐ Othar (Specify)		Ressu	rection Ce	metery	6/17/97	Clint	on, 1	Maryland
Bai	permit. Pages Department of important: If it any injury or once.		21. Signafure of Funeral Sarvice Licensee  Nan A. Re  23a. Pert1. Enter the disease, or complice shock, or heart failura. List only one	centie		J.B. Jel	oleine Em	neral Hom	ne		1 20705
	Physician /Medical Examiner	niner	Immediate Causa (Final disassa or condition rasulting in death) a.	Pulm	one	onsequanca of):	embo	oli		-	Onset and Death
x 68760,	eath certificate be asscuted attending physicien and for use es the bunal-transit	Medical Examiner	Sequantially list conditions, if any, laading to immadiate cause. Entar Undertying Cause (Disaasa or Injury that initiated events rasulting in daath) Last			onsequence of):					
P.O. Boy	the d	Physician	Part ii. Other significant conditions contri	buting to death but no	ot rasulting in	tha undarlying causa g	ivan in Pert I.		obacco use cor		the cause of death?
Records,	aw requires ts been sign 2 should be	Completed by						24a. Was a perfor		ava	ra autopsy findings illabla prior to nplation of causa laeth?
= =	E se	ပ္ပ						1□ Y	as 2 No	1 🗆	Yas 2□ No
Vita	ician: The certificate rector, peg	Be	25. Was case referred to medical axeminar?	naital.				ath (Check only of	na)		
Division of Vital	iling Phys h. Aftar this funeral di	tion: To	27. Menner of Death	28a. Deta of Injury (Month, Day Ye	2☐ ER/Out 28b. Ti	ime of jury 28c. Inju		Home 5 Resid			)
Divisi	D CO	Certification:	2 Accident investigation 3 Sulcide 6 Could not be 4 Homicide datarmined	28a. Place of Injury - building, atc. (S	At homa, fer	m, straat, factory, office		28f. Location (S City or Tow		er or Rural	Routa Number,
	To the Hospital or within 24 hours after To the Funeral Dirticompletely filled in	edicai	29a. Cartifiar (Check only one)	lan: To tha best of my r: On tha basis of axa and mannar stated.	imination and	death occurred at the fi	ime, date and plac opinion, daath occ	e, and dua to tha c urred at the time, c	ausa(s) and ma lefe and place, a	nnar as sta and dua to	ated. tha causa(s)
	Within Comp	M	29b. Signaffire and fitte of bentitier	nui	1 N	29c. Lican	1212	4	29d. Data signed	(Month, D	lay, Year)
1	5)		30. Nama and address of person who com					2			0.0770
1	1/		Ricardo Scartascii	11, M.D.,	/309 F	lanover Par	kway, Su	ite #A, (	reenbel	t, M	20//0

DHMH 16 Rev 6/95

Western A. Williams . Williams

State of Maryland / Department of Health and Mental Hygiene

5 0/5 Certificate of Death 1. Decedant's Name (First, Middle, Last) 2. Date of Death 3. Time of Courth **Physician** EDGAR RAYMOND WATSON JUNE 1997 2:1 M /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner DOCTORS HOSPITAL PRINCE GEORGES LANHAM If Under 1 Year If Under 24 Hrs. 5. Social Security Number 6. Sex 1 2 M 2 ☐ F 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) 9. Birthplace (State or Foreign Country) **Funeral** Months Days Hours 578-98-7369 19 Yrs. Director AUG 27, 1977 Wash.,D.C. Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show other traumatic event, the Medical Examiner must be notified at Director 1√D Yes 2 No N/A N/A Washington, D.C. 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 Items 23a 1112 Savannah Street, S.E. #33 20020 United States Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 20 No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black. White, etc. 1 Never Married 2 ☐ Married 6 Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by Specify: 3 Widowed 4 Divorced "natural', **Black** Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede comp 16b. Kind of Business/Industry completed) Pagas 1 and 2 should be filed within nent of Haalth and Mental Hygiene. int: If Nem 27 Is marked other than ' Elementary/Secondary (0-12) College (1-4or 5+) Student School School 12 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surname) Be Edgar Payton Roberta Watson 19b. Malling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informant's Name/Relationship (Type, Print) permit. Pagas 1 and 2 a Depertment of Haalth ar Important: If Item 27 Is any Injury or other trau Margaret Watson (Grandmother) 1112 Savannah St., S.E. #33 Washington, D.C. 20020 20b. Place of Disposition (Name of cametery, crametory or other plece) Date 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Ramoval from State Washington Nat. Cemetery 6/21/97 Suitland, Maryland 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility
ALEXANDER S. POPE FUNERAL HOMES 21. Signature of Funeral Servica Licanses 23a. Parti. Entar tha disease, or complications that raused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 5535 Marlboro Pike, Forestville, Md. Approximate Interval Batwean Onset and Death Physician /Medical Immediate Cause (Final disease or condition resulting in death) Examiner physician and the burial-transit The law requires thet the death certificate be executed Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events rasulting in death) Last Due to (or as a consequence of): Box 68760, Physician/Medical Due to (or as a consequence of): P.O. Part II. Other algoriticant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 20 No á 1 Yes 3 Probably 4 ☐ Unknown been signed to should be det Records, by 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? page 2 certificate has 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours after deeth.

To the Funeral Director: After this certifica Be 25. Was case raferred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) 0 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how Injury occurred 5 Pending Investigation Injury 1 Natural 97 1 Yes 860 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Straet end Number or Rural Route Number, City or Town, Stete) Place of Injury - At home, farm, straet, factory, office building, etc. (Specify) in by 4 Homicide over / twy 100 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) 29a. Certifian Medical and mannar statad. 29b. Signing and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year)

State Registrar

31. Date filed (Month, Dev. Year)

Cocke MC 111 Penn Street, Baltimore, Maryland 21201

and address of person who completed cause of death (Item 23a) (Type, Print)

O.C.M.E.

JUNE 14,1997

M. A. C. Carrier of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contract of the Contra

**Physician** /Medical Examiner

**Funeral** Director

the Maryland r 28a-f show

permit. Pages 1 and 2 should be filed within 72 hours after death with t Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "natural", or Itema 23a or 2 any injury or other traumatic event, the Medical Example.

Baltimore, Maryland 21215-0020

Box 68760.

P.0.

Division of Vital Records,

**Physiclan** /Medical Examiner

physician and the burial-transit 88 950 Pot signed by the a d be detached f page 2 has certificate funeral director, After this

that the death certificate be executed Hospital or Attending Physician: after death. filled in by 24 hours tthin 2 To the

1. Decedent's Nama /First, Middle, Last) 2. Deta of Death 3. Time of Death Month Day Voer RANDOLPH LEON WELCH JUNE 15, 1997 3:15AM 4e. Facility Nama (If not institution, giva street and number) 4b. City. Town, or Location of Death 4c. County of Death GLENDALE PRINCE GEORGES 9910 DUBARRY ST If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 5. Social Sacurity Numbar 7. Age (In yrs. last birthday) 8. Date of Birth (Month, Day, Year) Birthpleca (Stata or Foraign Country) Months Days 1X M 2□ F Yrs JUNE 17, 1926 NORTH CAROLINA 229-22-6304 Usuel Rasidanca of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Yas 2 No Directo MD PRINCE GEORGES **GLENDALE** 10a Street and Number 10f Zin Code 10g. Citizan of What Country? 9910 DUBARRY ST. Funeral 20769 USA 12. Was Decedent Ever in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-lf Yes, specify Cuban, Mexican, Puarto Rican, atc.) 11. Maritai Status 14. Race - American Indian, Black, White, etc. 1 X Yas 2 □ No It Yas, Giva Yaar or Dates: 1 Never Merried 2 Married 1951-1 ☐ Yas 2 No Specify Specify: þ 3 Widowed 4 Divorced BLACK 1953 Completed 15. Decedant's Education (Specify only highest greda complated) 16a. Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 16b. Kind of Business/Industry PLANTERS PEANUT CO. Elamantary/Secondary (0-12) Collega (1-4or 5+) 8 0 FORK LIFT OPER./TRUCK DRIVER PRIVATE 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Surnama) Be RANDELL WELCH KATIE JORDAN 2 19a. informent's Name/Raiationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Steta, Zip Coda) ANNIE MAE WELCH/WIFE 9910 DUBARRY ST. GLENDALE, MD 20769 20b. Place of Disposition (Nema of cematary, crematory or other place) 20e. Mathod of Disposition 20c. Location - City or Town, Stata Deta 1 ☐ Buriel 2 ☐ Cramation 3 ♣ Ramoval trom Stata 4 ☐ Donation 5 ☐ Othar (Specify) Crocker Funeral Home 6/18/97 Suffolk, Virginia ALEXANDER S. POPE FUNERAL HOMES Than 5538 MARLBORO PIKE FORESTVILLE, MD Approximata Interval Between Onset and Death ions that caused tha daath. Do not entar the moda ot dying, such as cardiac or raspiratory arrast, eusa on aech lina. Immediate Ceuse (Final disaasa or condition resulting in daath) PRIMARY ADENOCARCINOMA OF COMMON BILE DUCT 14 Months Due to (or as a consequence of) Examiner Sequentielly list conditions, if any, laading to immadiate causa. Entar Undarlying Causa (Disaase or Injury that Initiated events rasulting in death) Lest Dua to (or as a consequence of) Physician/Medical Due to (or es e consequence of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 28 No 3 Probably 4 Unknown þ 24b. Wara autopsy tindings svailabla prior to complation of cause of death? Completed 24e. Wes an autopsy 1 ☐ Yas 2 ☐ No 1 ☐ Yas 2 ☐ No 25. Was casa ratarred to medical axeminar?

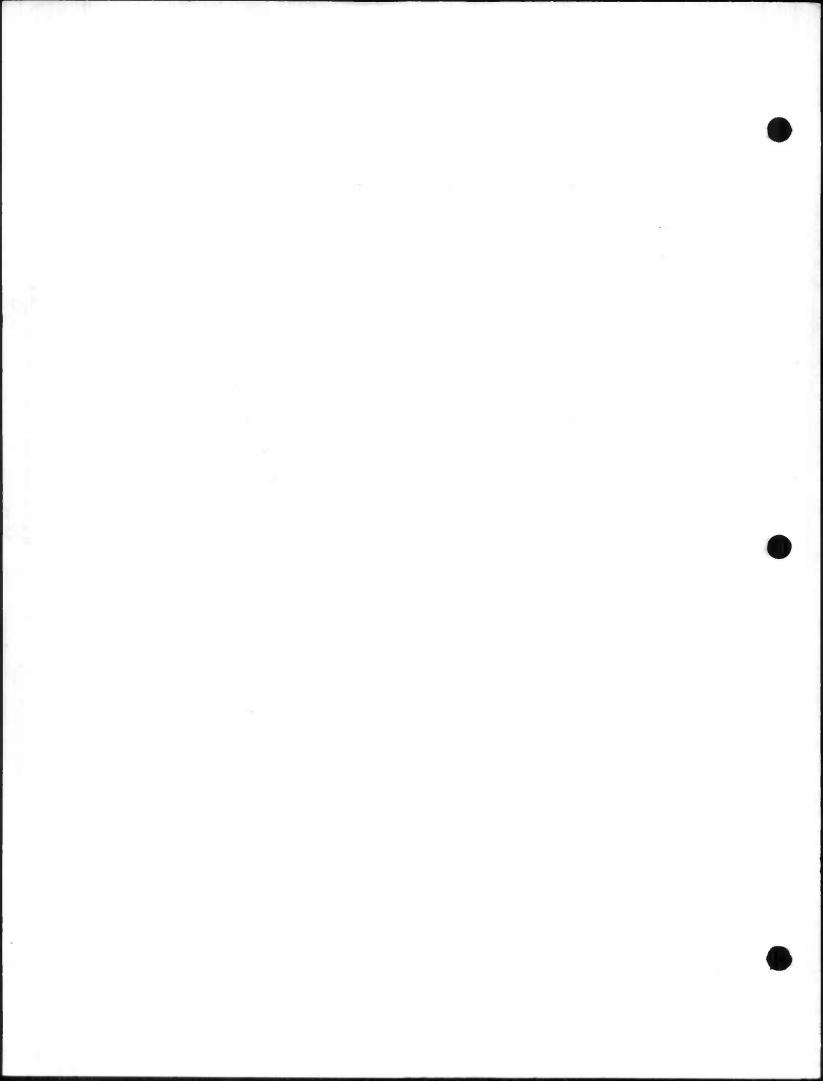
1 Yes 2 No Be 28. Placa of Deeth (Check only one) Hospital: Other: 4 Nursing Homa 5 X Residence 6 ☐ Other (Specify) 2 1 Inpatiant 2 ER/Outpatient 3□ DOA 27. Mannar of Death 28a. Dete of Injury (Month, Day Year) Certification: 28h Time of 28d. Dascribe how injury occurred 28c. Injury at Work? 5 Panding 1 ☐ Yas 2 ☐ No invastigation 2 Accidant 6 Could not be datarmined 3 Suicida 28t. Location (Street and Number or Rural Routa Number, City or Town, Stata) 28a. Placa of Injury - At homa, farm, straet, tactory, office building, atc. (Specify) 4 HomicIda 29a. Cartifier 🔼 Certifying Physician: To the best of my knowladga, daath occurrad at tha tima, data and place, and dua to tha causa(s) and mannar as stated. Medical (Check only one) 2 Medical Examinar: On the basis of examination and/or investigetion, in my opinion, deeth occurred et the time, date and place, and due to the cause(s) and manner stated. 29b. Signature and title of certifier 29c. License number 29d. Deta signed (Month, Day, Year) D20782 June 16, 1997 30. Name and addrass of person who complated causa of death (Itam 23a) (Type, Print) Dr. Dal Yoo, M.D., F.A.C.P. 1160 Varnum St., N.E. Wash., D.C. 20017 Suite 217 31. Data filed (Month, Dey, Year) State

Registrar

**JUN 17** 

32. Registrar's Signatura

	FOR STATE REGISTRAR	STATE OF MARYLAND / DE	EPARTMENT OF H	EALTH AND I	MENTAL HYGIENI REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
			Lee WIL	SON	JÜNE 12	1997	
	428-20-8538	SEX 6. AGE (In yrs. less birt.		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	925 Mi	THPLACE (State or Foreign Intry) SSISSIPPI
~	9a. FACILITY NAME (If not institution, give street			R LOCATION OF DE		9c. COUNTY OF	
DIRECTOR	Shore Nursing &					Caro	line
DIRE	MD C a	roline	Oc. CITY, TOWN OR LOCAT		ralsburg		10d. INSIDE CITY LIMITS?  1 X YES 2 NO
¥.	10e. STREET AND NUMBER		101.	ZIP CODE			F WHAT COUNTRY?
FUNERAL	604A Gardens			216			d States
BY FU	11. MARITAL STATUS 12 1 Never Married 2 Married 3 Widowed 4 Divorced	. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYPES 2 NO IF YES, GIVE WAR OR DATES	If yes, spe		IIC ORIGIN? (Specify Yas n, Puerto Rican, atc.)	Bir	ACE — American Indian, ack, Whita, etc.
ED	15. DECEDENT'S EDUCATI (Specify only highest grade con		PENT'S USUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUSTRY	
COMPLET		college (1-4 or 5+) life, Do	kind of work done during mod NOT use retired.) 1 Processo	_	Food	Proces	sina
OM	17. FATHER'S NAME (First, Middle, Lest)				ME (First, Middle, Maiden		
BE C	Ge	eorge Wilson		Minn	ie Robin:	son	
TO B	19a. INFORMANT'S NAME (Type/Print)		AILING ADDRESS (Street a				
-	Mamie E. Johnso				, Federa		
	20a. METHOD OF DISPOSITION  1 X Burial 2 Cremation 3 Removal  4 Donation 5 Other (Specify)	from State cemetery, cremato				CATION — City or	also and a second
	21. SIGNATURE OF FUNERAL SERVICE LICENS	l Feder	22. NAME AN	emetery ID ADDRESS OF FA	/ 10-17 Fe	derals	burg, MD
	> Muchael 7. 9	Eskow			wkins-Es St. Fed		
	23. PART I. Enter the diseases, or com shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	pications that coused the death. t only one couse on each line.  DUE TO (OR AS-A CONSCOUE!				ratory arrest,	Approximata Interval Between Onset and Death Week
TION	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A CONSEQUER	mslan				years
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUE	NCE OF):				
	PART II. Other algnificant conditions c	ontributing to death but not resu	alting in the underlying	cause given in	Part i. 24a, WAS AN	AUTOPSV 2	4b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL		my Dz; e/p Co			PERFOR	RMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ä	DID TOBACCO USE CONTRIB	UTE TO CAUSE OF DEATH	YES NO	UNCERTAIL	VØ		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE 0	OF DEATH (Check only one) OTHER:				
IYSI		☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ I	DOA 4 Nursing Hom		8 Other (Specify)		
	1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		URY AT RK? /ES 2 NO	28d. DEŞCRIBE HOW II	NJURY OCCURED	
84	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY — At home,			28f. LOCATION (Street a		el Route Number,
TED	4 Homicide detarmined	building, stc. (Specify)			City or Town, State)		
COMPLET		N: To the best of my knowledge, death On the basis of exemination and/or invest					e(a) and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1 1		29c. LICENSE NUI	MBER	29d. DATE SIGN	ED (Month, Day, Year)
TO BE	(1)	5000		D47492		DUNI	E 13, 1997
-	30. NAME AND ADDRESS OF PERSON WHO C JEFFREY DENTON	P.O. BOX 122	7) (Type, Print) G O L D S B O I	RO, MD	21636		
	31. DATE FILED (Month, Day, Year) JUN 18,97	032, REGISTRAR'S SIGNATURE					

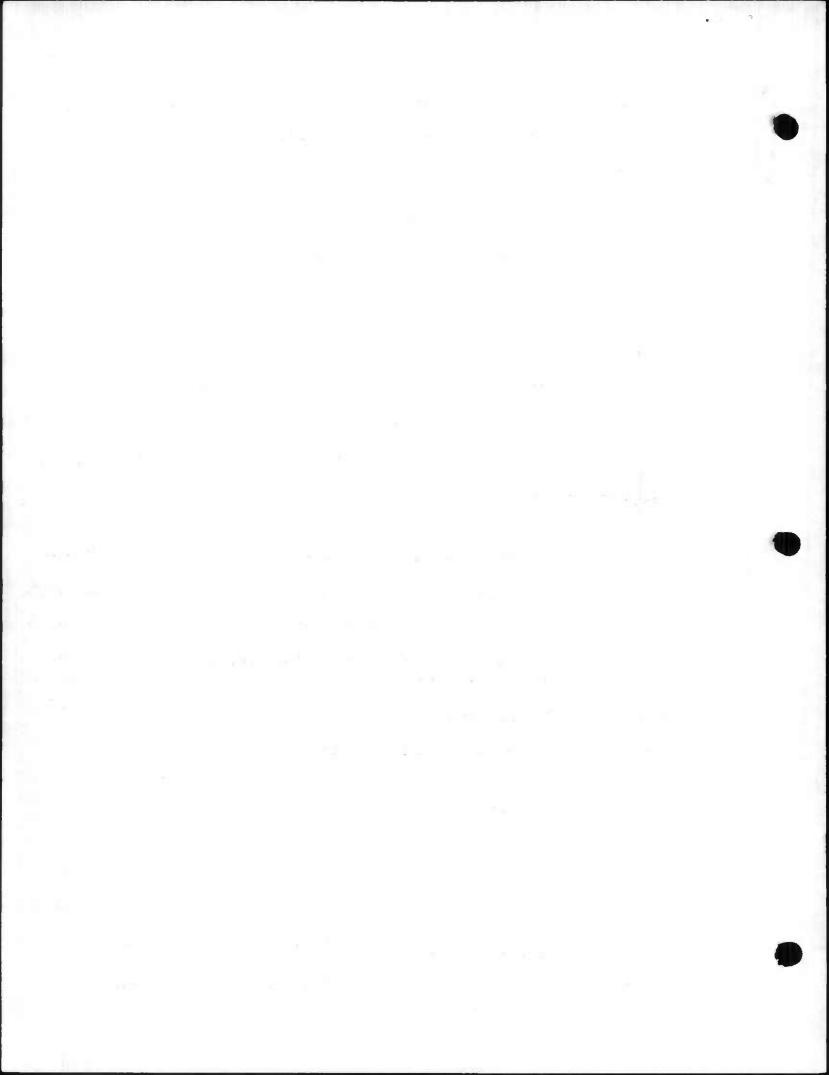


State of Maryland / Department of Health and Mental Hygiene 9.7

20330

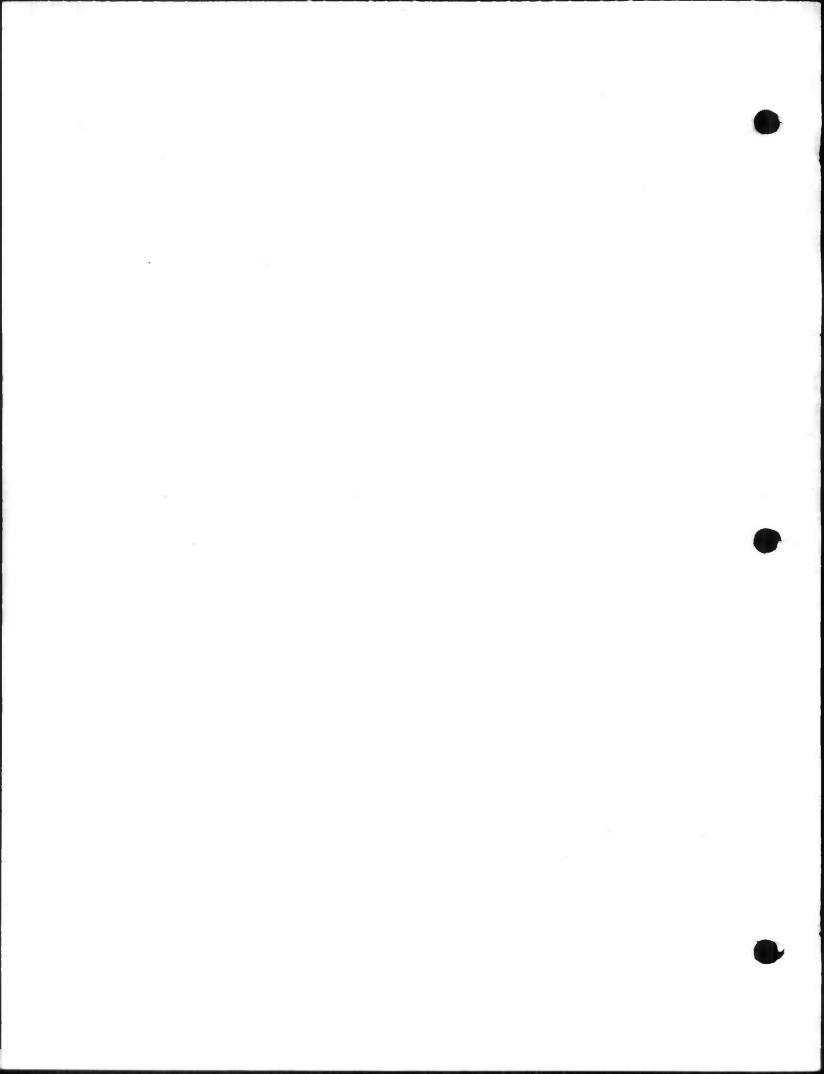
							Cert	ificate of	Death	7		Reg. No.		
Physici /Medic	_	1. Decedent's Neme (First	ı K	emp		Wrig	ht				2. Dete of D		19 <b>9</b> 7	3. Tim 0 th
Examir	er	4a. Fecility Neme (If not in	stitution, give Me	street end p emori	al H	lospit	al			own, or Lo	ocation of Dee		nty of Deat 1bot	h
Funerai Director		5. Social Security Number 216-14-292 Usuel Residence of December 2		x □ <b>y</b> u 2□ F		In yrs. last birtl 78 Y	rs.	If Under 1 Year Months Deys		Min.	8. Dete of Bi (Month, D Sept	rth 12,191	9. Birt Co	hplace (State or Forei puntry) MD.
h the Marylend r 28a-f show	tor		County Carol	ine	1	oc. City, Town Feder								10d. Inside City Limi
or 284	Director	10e. Street end Number						10f. Zip Code				10g. Citizen	of Whet Co	ountry?
h with	O E	25975 Thr	ee Br	idae	s Ro	a d		21	632				USA	
72 hours after death with the Marylend natural', or flems 23a or 28a-f show distal Examiner insut be notified at	by Funeral	11. Maritel Stetus  1 Never Married 2  3 Widowed 4 D	Married	12. Wes De Armed F 1 Tes If Yes, G	cedent Ever forces? 2 No live No			as Decedent of Yes, specify Cub	Hispenic O pan, Mexica		ecify Yes or N Rican, etc.)	0- 14. F	lece - Ame lleck, White	rican Indien, e, etc. i te
hour	8			Year or	Detes:	100	Doordo	~~~				10h Kind at		
iene. than	Completed	(Specify only Elementary/Secondery	ecedent's Edu highest grad (0-12)	e completed	(1-4or 5+)	108.1	(Give ki life. Do	int's Usuel Occu ind of work done O NOT use retire	durina mo	st of work	ing	16b. Kind of		industry
be filed ntel Hygid of other event, ti	Bec	17. Fether's Neme (First, I	Middle, Last)					armer	18. Moth	ner's Nem	e (First, Middle	, Meiden Sun		
0 0 0	To B	Wilme	r Wr	ight						Mabe	el Gor	eman		
N Du		19e. Informent's Neme/Re				19b.	Mailing	Address (Stree					vn, Stete, i	Zip Code)
of Healt of Healt litem 2 r other		Madelyn  20a. Method of Disposition  1    (Burlel 2   Cren 4   Donetion 5	netion 3 🗆 F			Carrierery	, Groine	Three of other plant Cemet	100/					burg, MD. Town, Stete burg, MD.
permit. Pag Department Important: If any Injury o	- 1	21. Signature of Funerel S	ervice Licens	99			22.	Neme end Addr	ess of Fecl	lity		1		
Depa Impo any Ir		DA 10					Wi	lliams	on F	uner	al Ho	me Fe	dera	lsburg, M
Physician /Medical	9	23e. Pert1. Enter the dise shock, or heert feilur	ese, or compl e. List only or	ne ceuse on	eech line.		ot enter	the mode of dy	ing, such e	s cardiac				Approximete Intervel Between Onset end Deeth
Examiner		Immediate Cause (Finel disease or condition resulting in deeth)	10	CAT	10100	JLMO	NA	RY A	URE	57				30 min
uted J ansit	Examiner	b. PSEVDOMONAS SEPSIS												17 DAY
certificate be executed ding physicien and ise es the burial-transit	edicai Exa	Sequentielly list condition if eny, leeding to immedie cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in death) Lest	s, te	AC	NTE		AL	PAILL	RE			1		4 DAYS
certific iding p	/Me			RIG	SHT	LOWE	R	WBE	- PN	IEUN	MONIA	Coult	HSE!	3 DAYS
- 53				2.6		(TES)								3 DAYS
e de the e	sic	Pert II. Other significant o	onditions cor				the unc	ferlying cause g	iven in Pert	: I.	23b. Dic	tobacco use	contribute	to the cause of deat
v requires that the death been signed by the ette should be detached for	by Physician	PULMONA	RY HY	PERT	ENS	SION		_				Yes 2 N		robably 4 Unkno
hes hes	Completed	MITRAL &	- TRIC	cusp	10 (	20606	26i'	TATIO	N			s en eutopsy ormed?		Were eutopsy findings evaileble prior to completion of cause of deeth?
: The licate he											1□	Yes 2 No	)	1 Yes 2 No
Physician: The this certificate ral director, peg	Be	25. Wes case referred to rexaminer?	-	lospital:	1			0	her		h (Check only			
this aldi	P.	1 Yes 2 No	l	112	Inpatient	2 ER/Out	_	3LI DOA	4 U N			idenca 6 🗆		cify)
The Line	Certification:	2 Accident	Pending investigation Could not be		of Injury ofth, Day Y		jury		ry et ork? Yes 2[	]No		how injury oo		Pouts Abouts
To the Hospital or Attendi within 24 hours efter death To the Funerel Director: A completely filled in by the f		4 Homicide	determined	build	fing, etc. (	Specify)		et, fectory, offica			City or To	wn, Stete)		ural Route Number,
To the Hospital within 24 hours To the Funeral completely filled	ledicai	(Check only 2 M	edical Exami	ner: On the l	e best of m pasis of ex nner steted	aminetion end	deeth o		opinion, de	eth occurr	end due to the red et the time	, date end pled	a, end due	to the cause(s)
To To COM	×	29b. Signeture and title of	Can	di	4	eir		C	se number	0		6 /1 6	197	h, Dey, Yeer)
		30. Nemetand eddress of p	ONDIT					rint)  EVEL C-	TER	157	on, n	ID Zi	601	
Sta	te	31. Dete filed (Month, Day	Yeer)	32.	Registrer's	Signature	P	1 11						
Registr	ar		IN2 3	1997	Julia	Mudia	-Nan	dall						
MH 16 Bey 6/9					Y									

DHMH 16 Rev 6/95



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the house that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	IMPORTANT: If Idem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------

	1 - FOR STATE OF MARYLAN	ND / DEPARTM			MENTAL HYGIEN REG. NO.	E	
Ŷ	1. DECEDENT'S NAME (First, Middle, Last)			I	2. DATE OF DEATH	W W.	3. TIME OF DEATH
- 1	Shirley F. Yuter					997	4:15 p
			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	0. Bi	RTHPLACE (State or Foreign
	220-26-6470 1 × 2 × 84	YRS.			April 12,		
œ	9a. FACILITY NAME (If not institution, give street and number)			R LOCATION OF DEA	ATH	9c. COUNTY C	OF DEATH
DIRECTOR	Mariner Health of Silver Sprin	ng	Silver	Spring		Montgo	omery
5	10e. STATE 10b. COUNTY	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
	MD Montgomery	Si1	ver Sp	ring			1 TES 2 NO
₹ I	10e, STREET AND NUMBER		10f.	ZIP CODE		10g. CITIZEN (	OF WHAT COUNTRY?
FUNERAL	3700 International Drive			20906			States
	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U FORCES? 1 YES	2 XNO	If yes, spe	cify Cuban, Maxican			ACE — American Indian, Black, White, atc.
B	3 ☑ Widowed 4 ☐ Divorced IF YES, GIVE WAR OR DATE	E\$	1 TYES	2X NO Specify:		s	opeomy: White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	Be. DECEDENT'S US	JAL OCCUPATIO	IN of working	16b. KIND OF BUS	SINESS/INDUSTR	ry
	Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	tired.)	st or working			
COMPLETED	9	Grocer				y Store	2
	17. FATHER'S NAME (First, Middle, Lest) WOLF Fineroff				NE (First, Middle, Maiden		
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING AD	DRESS (Street a	Rachel	Roskevi oute Number, City or Town		ı)
유	Roberta H. Bass-Daughter				Silver Spr		
	20s. METHOD OF DISPOSITION 20b. P	LACE AND DATE OF D	ISPOSITION (Ne			CATION — City o	
	4 Donation 5 Other (Specify) Kir	ng David	Memori		6/13 Fa1	1s Chu	cch VA
	21. SIGNATURE OF FUNERAL SERVICE LICENSES			Sagel F	uneral Di		
	Clothed		1091 F	Rockville	Pike Roc	kville	
	23. PART I. Enter the diseases, or complications that caused to ahock, or heart failure. List only one cause on ago	ha daath. Do not h iina.	antar tha mod	da of dying, auch	as cardiac or reapi	ratory arreat,	Approximata interval Between
	iMMEDIATE CAUSE (Final disease or condition		1.	0 ~	0.0		Onset and Death
	resulting in death)	COMPLETE OFF	we-	cease	paile	re	3 was
_	- Keess	Vie A	a.A.	Dijool	failer	7	
CERTIFICATION	Sequantially list conditions, if any, leading to immediate	ONSEQUENCE OF:			2 20 -07	_	
S	cause. Enter UNDERLYING CAUSE (Disease or injury	e xle	recep	<u> </u>			
Ë	that initiated events resulting in death) LAST	ONSEQUENCE OF):					
E	d						
AL.	PART II. Other significant conditions contributing to death but	not reaulting in t	he underlying	causa givan in F	Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
8					1 _ YES 2	(I) NO	COMPLETION OF CAUSE OF DEATH?
X	DID TODACCO LICE CONTRIDUTE TO CALLER OF	DEATH 1/20			/		1 TES 2 NO
AN	DID TOBACCO USE CONTRIBUTE TO CAUSE OF 25. WAS CASE REFERRED TO MEDICAL 28	PLACE OF DEATH		UNCERTAIN			
Sic	EXAMINER?  1 YES 2 MO  HOSPITAL:  1 Inputient 2 ER/Outpati	_ 0	THER	5 🗆 Rasidence 8	Other (Spenify)		
PHYSICIAN: MEDIC	27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF	F 28c. INJ	JRY AT	28d. DESCRIBE HOW II	NJURY OCCURE	)
BYF	1 Natural 5 Pending 2 Accident Investigation	INJUNI		ES 2 NO			
60	3 Suicide a Could not be determined determined	At home, ferm, atree	t, fectory, office		28f. LOCATION (Street a City or Town, State)	and Number or Ru	ral Route Number,
<u> </u>	10 0000000						
COMPLET	29s. CERTIFIER 1 Check only one) 2 APPICAL EVANDED. On the best of my knowled						
8	2 MEDICAL EXAMINER: On the basis of examination at 29b, SIGNATURE and TITLE OF ZEHTIFIER	navor investigation, ii	i my opinion, od				
ᆱ	KALKA JOEKAGOON A	(.D.		DO 9 C	7 (/	▶ 6//	NED (Month, Day, Huar)
۵	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH			V 70	- /	/ -	11/
	B.N. ROSENBAUM 3720	FARRAG	UTA	UE. KE	NSINGT	DH,M	D. 20895
	31. DATE FILED (MODEL) DEP. YOUR 1997 32. HEGISTRADE SIGNATI	-Aundo 90					
	20.001	1					



			State of Mar	,			of Death			g. No.	, ,	. 0002	
Physici		1. Decedant's Nema (First, Middle, Las Earl Willian		on,	Jr.				2. Data of Death Month July	Dav	Yaar 7	3. Tima of Death 3:00pm	
/Medic Examir		4e. Facility Nama (If not institution, giva 21 North Chest	ALL THE STREET	t 21	nd. F	1.		wn, or Lo	ocation of Deeth	4c. Count		3.00pm	
Funeral Director		5. Sociel Security Number 6. Se 213-34-3620 15 15 15 15 15 15 15 15 15 15 15 15 15	7. Age (1)		st birthday) Yrs.	If Undar 1 Ye Months Da		24 Hrs. Min.	8. Data of Birth (Month, Day, 10-2]	Year) -36	9. Birthp Coun	lece (Stata or Foreign try) MD	
efter death with the Maryland or Neme 23a or 23a-f show minet must be notified at	ctor	10a. Stata 10b. County Md NA	1		Town or Local						1	0d. Insida City Limits	
ath with th 23a or 24 wat be no	Funeral Director	10e. Street and Number 21 North Cheste	er Street	2nd	d. Fl	10f. Zip Cod Ba.	a ltimor	е	10	g. Citizen of USA		ntry?	
at', or items	by	11. Marital Status  1 ☐ Nevar Married 2 ☐ Married  3 ☐ Widowed 4 ☐ Divorced	12. Was Dacedant Eva Armed Forcas? 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Dates:	arin U,S.	lf.	/es Dacedant of Yas, specify C	uban, Maxicer	gin? (Spe i, Puerto	ecify Yes or No- Rican, atc.)	14. Race - Amaricen Indian, Black, Whita, atc.  Specify: Black			
2 should be filed within 72 hours end Mental Hyglene. Is marked other than "natural", or surmatic evant, The Medical Exa	Completed	15. Decedant's Edu (Specify only highast grad Eiamantary/Sacondary (0-12)	le complated) Collaga (1-4or 5+)		(Giva k lifa. D	ant's Usual Oc ind of work do O NOT use rei Wall	na durina mos	t of worki	of working		usinass/ind	dustry	
permit. Pegas 1 end 2 should be filed within Department of Heralih end Mental Hygiene. Important: if Item 27 is merked other than 's ny Injury or other traumatic event, the Means once.	To Be Co	12th Grade 17. Fathar's Name (First, Middla, Last) Earl W. Ander	NA rson, Sr.		18. Mothar's Nama (First, Middla, Gladys								
end 2 sho aeith end N n 27 la me		19a. Informant's Name/Reletionship (T) Earl Anderson	,		625	W. Mad	dison	Str	al Routa Number. eet Apt	City or Town	Stata, Zip	60661 Chicago,	
treent of Hetant: If Item		20a. Mathod of Disposition  N∑Burial 2 □ Cremation 3 □ Ramoval from State  4 □ Donation 5 □ Othar (Specify)  20b. Placa of Disposition (Nama of cematary, cramatory or other place)  Arbutus Mem. Pk. Cem 07-08-97 Arbut  21. Signature of Funarai Sarvice Licensaa											
permit. Departri Importa any Inju		Bernard DS	Johnson		W	M.C.	March	FH	1101 E.	Nort		nd 21202 venue	
Physician ⁽ /Medical Examiner		23a. Part1. Entar the disease, or suppose shock, or haart failura. List produce the disease or condition rasulting in death)	Cong	est	100	CAER			pattley			Approximate Interval Batwaan Onsat and Death	
The law requires that the death certificate be executed at a has been signed by the attanding physician and page 2 should be detached for usa as the burial-transit	ledical Examiner	Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disaasa or Injury that initiated avants resulting in death) Lest  Due to (or as a consequence of):  Due to (or as a consequence of):  C.  Due to (or as a consequence of):											
a death certific the attanding p hed for usa as	Physician/M	Pert It. Other significant conditions con	d ntributing to death but n	ot rasuiti	ing in tha un	darlying ceuse	given in Part I		23b. Did tol	pacco uas co	entributa to	the causa of death?	
res that tha de signed by the a be detached f	by									8 2□ No	3 Prob		
The law require ata has been si page 2 should I	Completed								24a. Was ar perform	ed?	ava	ere autopsy findings allable prior to appletion of causa death?	
ysician: The	o Be Co	25. Was casa rafarrad to medicel axaminar?	Hospital:	٥П٥	D/O 4	20 DO4	Other:		1 Ye	)		Yas 204 No	
ng Ph fter th meral	Certification: T	27. Manner of Death  12 Naturai 5 Panding  2 Accident Invastigation  3 Suicida 6 Could not be	1 ☐ Inpatient  28a. Date of Injury (Month, Day Yo	2	R/Outpatient 8b. Tima of Injury		njury at Vork?	No	28d. Dascribe ho	w injury occur		,	
To the Hospital or Attendi within 24 hours after death. To the Funeral Director: A completaly filled in by the fo		4 Homicida detarmined	28f. Location (Str. City or Town,	State)									
ithin 24 ho the Fun mpiataly	Medical		aician: To tha best of m ner: On tha basis of ax and manner stated	aminatio	n and/or Inve	estigation, in m	y opinion, daa	th occurr	ed et tha tima, da	ta and place,  d. Date signe	and due to	the ceuse(s)	
8 7 8 4		· Head	M)			Ì	4216	74	0	7(7	97		
0		30. Nama and addrass of person who co	empiated ceus	n (Item 2	3a) (Type, P	rint)		T,OM	son, Ma	rylan	d 21	286	

Climical Associates 515 Fairmount Avenue Suite #610

State Registrar

Dr. Ronald Sher
31. Data filad (Month, Day, Year)
JUL 07 1997

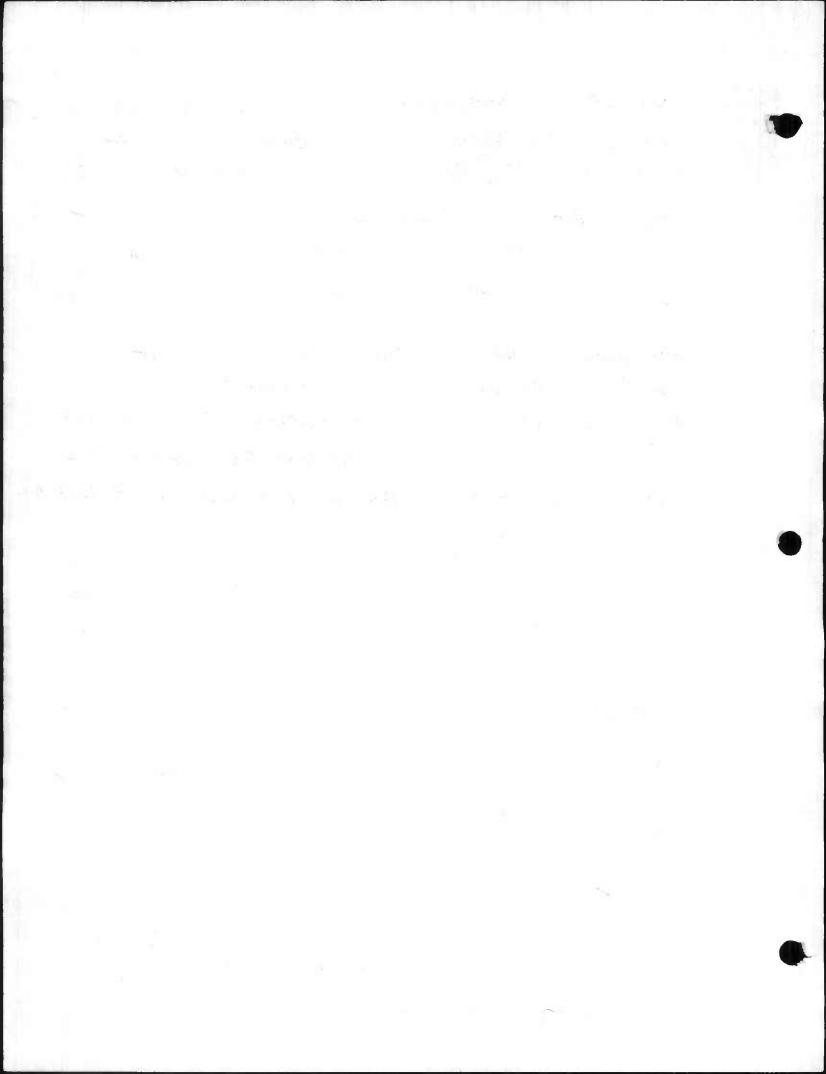
Baltimore, Maryland 21215-0020

Division of Vital Records, P.O. Box 68760,

State of Maryland / Department of Health and Mental Hygiene

97

					Cer	tificate c	of Death		F	Reg. No.		
Physicis		1. Decedant's Nama (First, Middla, L	ast)	10 50 6	1				Data of Dea		Yaar	3. Tima of Death
Physicia /Medic		VIOLH	130	DERS	010			13	NON'E	29"	1997	3:3:
Examine	- 24	4a. Facility Nama (If not institution, g		enter			4b. City, Tow Ba		tion of Death	4c. County	of Death	
Funeral Director		217-38-2882	Sax 7. 1□ M 2□ F	Aga (In yrs. last 56	birthday) Yrs.	If Under 1 Ya Months Da		4 Hrs. 8. Min.	Data of Birtl (Month, Day	Year)	9. Birthpl Count	aca (Stata or Fore
f show	5	Usual Rasidance of Decedent  10a. Stata  10b. County	9	10c. City, To	4.0	cation					10	Od. Inside City Lim
with the h	Direct	10e. Street and Number	n Ct.			10f. Zip Cod	215			10g. Citizan of		
aryland 21215-0020 should be filed within 72 hours efter death with the Meryland and Mental Hyglene. In the Meryland that the Hyglene in marked other than "natural," or itams 23a or 28a-f show umstic event, the Medical Examination must be notified at	Funeral Director	11. Marital Status 1 ☐ Nevar Married 2 ☐ Married	12. Was Deceda Armed Force 1  Yas 2	as?	1	Vas Decedant of Yas, specify C	of Hispanic Origination, Maxican,	in? (Specifi Puarto Ric	y Yas or No- an, atc.)	14. Rad Bia	ca - Amarica ck, Whita, a	atc.
2 hours aturair, cal Exe	ted by	3  Widowed 4 □ Divorced  15. Decedant's I	If Yas, Giva Yaar or Date Education		Sa Deced	I □ Yas 2 ∰H	cupation			Specifi 16b. Kind of B	Di	
21215-0020 d within 72 hours ef glene. or than "natural", or the Medical Exam.	Completed	(Specify only highast g Elemantary/Secondary (0-12)  10th arade	rada completed)  Collaga (1-4)	or 5+)	/	kind of work do	na during most ( lired)	of working		N	9	
Baltimore, Maryland 21215-002 pemit. Pages 1 and 2 should be filed within 72 hours Department of Health and Mental Higher Insportant: If them 27 is merked other than "natural; any injury or other traumatic event, the Medical Example.	To Be C	17. Fathar's Name (First, Middla, Las		5		venip.	18. Mothar	's Nama (F		Meidan Sumar	ower	s
, Mar end 2 sho ealth and n 27 is me her traum		19a. Informant's Name/Reletionship Delores Will	(Type, Print)		2140	w.				HOON TOWN		21223
Baltimore, Maryland  bernit. Pages 1 and 2 should be file begrament of Health and Mental Hy mportant: if Nem 27 is marked oth ny injury or other traumatic event note.		20a. Mathod of Disposition  1 □ Bunial 2 □ Cramation 3 □  4 □ Donation 5 □ Other (Special Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Con			tary, cren	sition (Nama of natory or other) MEN	place)		Data -5-91	Dundo		
Baltimo		21. Signature of Funaral Sarvice Lica	ansaa	_	22	Nama and Ad	drass of Facility	· #	EAST	1101	E.	North Y
Physician		23a. Part1. Entar tha diseasa, or sof shock, or heart failura. List only	nplications thet caus y ona causa on aac	sad tha daath. D h lina.	o not ante	ar tha moda of	dying, such as c					Approximata Intarval Batwaen Onsat end Death
/Medical Examiner		Immediata Causa (Final disaasa or condition rasulting in deeth)	θ	SEP Due to (or as		uenes ett.					1	IWK
The day	miner		1 b. UA	UNARY		TRACT	121	FECTI	1011			IWK
ox 68760, certificete be executed ding physician end se es the burial-transit	/Medical Examiner	Sequentially list conditions, if any, laading to Immadiate cause. Entar Undartying Cause (Diseesa or Injury that Initiated events rasulting in death) Last	CNA.	Due to (or as	21	100000	VIA '					IWK
P.O. Bonet the deeth of by the etten leteched for u	Physician	Part II. Other significant conditions		but not rasulting	in tha ur	ndarlying causa	given in Part I.	An angle, and			ntribute to	the cause of deal
Division of Vital Records, F or Attending Physician: The law requires the effer cleath.  Director: After this certificate hes been signed in by the funeral director, page 2 should be defined to the funeral director.	Completed by	BILATERA	L S7	ROKE					24a. Was a parlor		ava	ra autopsy finding illebla prior to nplation of cause leeth?
Vital Red		25. Wes casa rafarred to medical						45 4	1 🗆 Y			Yas 20 No
ysicis s cent direct	To Be	axaminer?	Hospitel: 1 Impe	atient 2∏FR/	Outpatient	3□ DOA	Other		Check only o	ance 6 □Ott	ar (Specify	1
nding Physath. r: After this		27. Menner of Death  1 Neturel 5 Panding 2 Accident invastigation	28a. Data of I (Month,		. Time of Injury	28c. Ir	njury at Vork?	280		ow injury occur		,
DIVIS	Certific	3 Suicida 6 Could not datarmine	28a. Place of building,	Injury - At homa, atc. (Specify)	farm, stra	at, factory, office	ca	281.	Location (S City or Tow	itreet and Numi n, Stata)	ber or Rural	Route Number,
Division  To the Hospital or Attendin within 24 hours effer death. To the Funeral Director: Aff completely filled in by the fur	edical Certification:	29a. Certifiar (Check only one)	hysician: To the be miner: On the basis and mannar	of axamination	ga, death and/or inv	occurred at the astigetion, in m	tima, data and y opinion, daath	placa, end occurred	due to the dat that the time, o	ause(s) and ma lata and placa,	annar as sta and dua to	ated. tha causa(s)
To the virth com	Σ	29b. Signature and titla of certifiar	Mann	9		29c. Lice D 4	2723			29d. Data signe	29/1	997 -
5		30. Nama and addrass of person who	completed causa of		(Type, F ROA	Print) AV	BALTIM	320	m,	TA AT	236	•
Stat Registra	-	31. Data filed (Month, Dey, Yaer)  JUL 0 7 1997	Julia Va	strar's Signatura	delle							



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 0.7

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п	Physici	an	Decedent's Neme (First, Middle, L		A	ALEX	s who	- GD.	2. Dete of Dee Month	Day 2	Year	3. Time of De 2:50a	
	/Medi	cal		vaverly	//*	HEX	Cred		7	- 2	97	2:50a	111
	Examir	ner	4e. Fecility Name (If not institution, g	ar rose in issues.				4b. City, Town, or L					
H	-1000		5431 Remme1 5. Sociel Security Number 6.		je (În yrs. le	et hietheless) If L	inder 1 Year	Baltin if Under 24 Hrs.		N	The second second	/Danta F.	
	Funeral Director		231-66-7757 Usuel Residence of Decedent		52		nths Days		8. Date of Birt (Month, Da)		9. Birthpii Count	vA.	xeign
	with the Maryland a or 28a-f show be notified at	or	10a. State 10b. County	A		Town or Location					10	ld. Inside City L	
	Pac A	ect	10e. Street end Number		Бе		f. Zip Code		T	10g. Citizen of \	Affact Count		- 37
	23s or Mast be	Funeral Director	5431 Remmell	Avenue			21206			USA	renet Count	iyr	
020	filed within 72 hours after death with the Marylar Hygione, ther than "natural", or items 23s or 28s-f show ent, the Medical Examiner must be notified at	by	11. Maritel Stetus  1 □ Never Married 2 □ Married  3 □ Widowed 4 □ Divorced	12. Was Decedent Armed Forces? 1  Yes 2  If Yes, Give Yeer or Dates:			ecedent of I specify Cub es 2 No	Hispanic Origin? (Spean, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)	Specify	ce - America ck, White, e y: Bla	tc.	
21215-0020	within 72 ho one. then "netur he Medical	Completed	15. Decedent's I (Specify only highest g Elementary/Secondary (0-12)	Education rede completed) College (1-4or 5	5+)		of work done OT use retire	during most of work od)	ing	16b. Kind of B		Hous	
Maryland 2	dental Hygie rked other tic event, it	To Be Co	12th Grade 17. Fether's Neme (First, Middle, Las Wilson	NA NA Alexan	der	Truc	k Dri	ver 18. Mother's Nem Mary		Mary Maiden Surnen inckle	ne)	Chick	en
Mary	2 sho and h is ma is ma	-	19e. Informent's Name/Relationship Annie Alexan					t and Number or Rur					06
ore,	Pages 1 and sent of Health rut: If Itsm 27 rry or other t		20a. Method of Disposition 1			ce of Disposition netery, cremetory	(Neme of or other ple	ice)	Dete	20c. Location	City or Tov	vn, State	
Baltimore,	祖祖是是 4		4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Service Lice	ify)	Pa	rkwood 22. Nan		etery 0'	7-07-9	7 Bal	timo	ce Co,	Md.
B	Dep Impo		Herora	Kee	SY	m	arch	F. H	GAST	1101	E	North	tre
	Physician /Medical	6 9	23e. Pert1. Enter the disease, or conshock, or heart failure. List only			1.			or respiratory er	rest,	1	Approximate interval Betwee Onset and Dee	n th
	Examiner	er	disease or condition resulting in deeth)	a. Pam		Fic Co	-	Y				Zyrs	
,0	ificate be executed g physician end as the bunal-transit	Examiner	Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events	b	Due to (or e	es e consequence	of):						
x 68760,	TO 65	/Medicai	thet indicated events resulting in death) Lest	d	Due to (or a	s e consequence	of):				1		
Вох	etten for u	Physician/M									1		
P.O.	the d	ysl	Part II. Other significant conditions	contributing to death b	ut not result	ing in the underly	ing cause gi	ven in Part I.		obacco use co			
S, P	requires that the death cert een signed by the ettendim hould be detached for use	by							10	Yes 2 No	3 Prob	ably 4 XUni	inown
Division of Vital Records,	- DO 00	Completed					_			an autopsy rmed?	ava	re autopsy findi ilable prior to apletion of caus eeth?	
ď	The law ste hes t page 2 s	E							101	es No	10	Yes 2 No	
ita	an: rtifice	Bec	25. Was case referred to medical					26. Plece of Deet	h (Check only o	ne)			
<b>&gt;</b>	yslci is cel direc	ToE	exeminer? 1 ☐ Yes No	Hospitel: 1 ☐ Inpatie	ent 2 E	R/Outpatient 3[	DOA Ot	her: 4 Nursing Ho	ek. (#1	lence 6 Oth	er (Specify	)	
o uoi	To the Hospital or Attending Physician: The law within 24 hours after death.  To the Funeral Director: After this certificate hes completely filled in by the funeral director, page 2		27. Menner of Deeth Netural 5 Pending 2 Accident Investigati	28e. Dete of Inju (Month, Da	y Year) 2	8b. Time of Injury	28c. Inju Wo	ry et rk? ] Yes 2 🗆 No	28d. Describe h	now Injury occur	red		
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	To the Hospital or within 24 hours after To the Funeral Dir completely filled in	edical (	29a. Certifier (Check only one) Certifying P	hysician; To the best of miner: On the basis of end manner sto	f examinetio	edge, deeth occu n end/or investig	rred et the ti atlon, in my	me, date and plece, opinion, death occur	and due to the dred at the time,	cause(s) and madate and place,	anner as sta end due to	ated. the cause(s)	
	To the within To the	Me	29b. Signature and title of certifier				29c. Licen	se number		29d. Date signe	d (Month, E	ay, Year)	
	/		Mein	(Ann)			109	755		7/3	192		
	6		30. Name and address of person who		leath (Item 2	23a) (Type, Print)	/			11-1	IT	-	
			Alex Reiss mo	16 S. En.		St Ba	Him	are MD	21201				
	Sta Registr		31. Date filed (Month, Day, Year) JUL 0 7 1997	Julia Javistr									

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

	Ÿ				Cen	tificate of	Death		Reg. No.		
		1. Decedent's Neme (First, Middla, L.	ast)					2. Dete of Der Month	ath	V	3. Time of Death
Physici /Media		HENRY	R. BLUE	STONE				June	$25^{\text{pay}}$ , 1	997	(2 500
Examir		4a. Facility Nama (If not institution, gi	ve street and number)				4b. City, Town, or Lo	ocation of Daath	4c. County	of Death	
		Suburban Hospita	1				Bethesda		Mon	tgome	ry
Funeral	П		Sex 7. Age	(In yrs. last b	-	If Undar 1 Year Months Days		8. Date of Birt (Month, De March	h Vo Year)	9. Birthple	ace (Stete or Foreign
Director		042-14-8842-A Usual Residence of Decedent	207	81	Yrs.			March	30, 191	6 Mas	sachusett
and w.		10a. State 10b. County		10c. City, To	wn or Loc	ation				10	d. Inside City Limits
Aaryl sho	5	Maryland Montgor	nerv	Chevy							XX Yes 2 □ No
28a	ect	10e. Street and Number				10f. Zip Code			10g. Citizen of	What Count	
with you	Funeral Director	6644 Hillandale	Road			2081	5		U. S.		.yı
me 2;	era	11. Manital Status	12. Was Dacedent E	var in U,S.	13. W	as Decedant of	Hispanic Origin? (Sp	ecify Yes or No-		e - Amarice	on Indian,
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al', o	b	3 ☐ Widowed 4 ☐ Divorced	Year or Dates: U	WIL	1	□ Yes XX No	Specify:		Specify	Whit	e
d within 72 hours efter death with the Maryland giene. r than "natural", or frems 23a or 28a-f show the Medical Examination in the Medical Examination.	Completed	15. Decedent's E (Specify only highest gr	ducation		a. Decede	ent's Usual Occu	pation	ina	16b. Kind of B	usiness/indi	ustry
ithin	npie	Elementary/Secondary (0-12)	College (1-4or 5-	F)			during most of work ed)	"'y	Do ole	Chan	
filed within Hygiena. other than sent, the Men	S		4 Years		Mer	chant				Shop	
be fill H d oth	Be	17. Father's Name (First, Middle, Las.	•				18. Mother's Nam	e (First, Middle, le Rosen		na)	
2 should be filed end Mental Hygis is marked other aumatic event, it	2	Morris Blueston									
is m		19a. Informant'a Name/Relationship		19	b. Mailing	Address (Stree	et e <i>nd N</i> um <i>ber or Rur</i> ale Road,	Chevy (	r, City or Town,	Stete, Zip (	nd 20815
Health Health am 27 i		Charlotte D. Bl	uescone			ition (Neme of			20c. Location -		
8 7 2		1 ☐ Burial XX Cramation 3		cemer	ery, crem	etory or other ple	6/26	5/1997			
it. Purtue		4 ☐ Donation 5 ☐ Other (Special Signature of Funeral Sarvice Lice		Metro		tan Cres			Alexand	ırıa,	Virginia
permit. Pege Depertment of important: If any Injury or once.		21. Signature of Purietal Salvice Lice	2		ST	EIN HEB	REW MEMORI				
		Gonald. C.	Mottler	nyer	23	2 CARRO	LL STREET	N.W.,	WASHING		
		23e. Part1. Enter the disease, or con shock, or heart feilure. List only	one cause on each line	eath. Do	not ante	r tha mode of dy	ing, such as cardiac	or respiratory ai	rest,		Approximate Intervat Between Onset and Death
Physician /Medical		tmmediate Cause (Final	0								3
Examiner		disease or condition resulting in death)				orax				-	wks
	Je.		1	Due to (or es						1	1 1-
ansit	Examiner	Sequentially list conditions		oue to or es a		ience of):	abscess				TWES
T dec		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury	-			phys					20455
9 9	lica	that initiated events resulting in death) Last	c	ue to (or as a	consequ	evica of):	- m	<u></u>			4,3
9 98 1	Medical										
2 5 S			d								
0 0 0	by Physician	Part II. Other algnificant conditions	contributing to death but	t not resulting	In the un	darlying ceuse g	iven in Part I.	23b. Did 1	obacco use co	ntributa to	the cause of death?
that tha	Ph	hlo mycobact	s siva	11.11.0	ind	va co 00.	0,10	1.	Yes 2□ No	3 Prob	ably 4 Unknow
S 60	d b	- May cobact						045 11/55		24h Wa	re autopsy findings
v requiras been sign should be	Completed							perlo	an autopsy med?	ava	llable prior to
The law ata has t paga 2 s	mp										eeth?
		OF Mean and referred to resident							es 2 No	10	Yes 🖭 No
	o Be	25. Was case referred to medical examiner?  1 Yes 2 No	Hospital:			2 DOA   OI	26. Place of Deet			10 11	
Phys r this eral di		27. Manner of Death	28a. Date of tnjuny (Month, Dey		Time of	3□ DOA 28c. Inju	4 Li Nursing Ho	28d. Describe h			)
for Attending Phatter death.  Director: After this din by the funeral	ıtloı	1 €Neturel 5 ☐ Pending 2 ☐ Accident investigation		Year)	Injury		ork? ]Yes 2 No				
Attendi or death. octor: A by the fi	flea	3 ☐ Suicide 6 ☐ Could not be determined	286. Placa of injul	ry - At home, i	farm, stre	at, factory, office		28f. Location (S	Street and Numb	er or Rural	Route Number,
s after s after al Direct	Certification:	4 - Hornicide	building, etc.	(Specify)				City or Tow	m, State)		
To the Hospital or A within 24 hours after To the Funeral Director Completely filled in b	edical	29a. Certifier 1 Certifying Pi	yalclan: To the best of niner: On tha basis of e	my knowledg	ge, death	occurred at the t	ime, date and place,	and due to the	ceuse(s) and ma	anner aa sta	ated.
the H hin 24 the F	P	one)	and manner state	ed.	INCOC INVE	stigation, in my	opinion, death occur	eo at the tima,	date and piece,	and due to	the cause(s)
To the within 2 To the comple	Σ	29b. Signeture and title of certifier					se number		29d. Date algne		
		· cee Gr	eee				33443		Jun	25,	1997
		30. Neme and address of person who									
			Mill Ro		R	octer.	lle, Md	20	0851		
Star Registra			Lilia K. K.	Sognature							
Sta Registra		31. Date filed (Month, Day, Year)  JUL 07 1997	Julia Salticon		k	oder	lle, Md	20	0851		1

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death Items: 7,10f,17,18 per FH G-749 7/18/97 dh 1. Decedent's Nama (First, Middla, Last) 2. Date of Deeth 3. Time of Death **Physician** Month BACKUS 9.45Am MARGARET JUNO 1997 /Medical 4a. Facility Neme (If not institution, give streat and number) 4b. City. Town, or Location of Death 4c. County of Death Examiner GLEN BUNNIE NONTH ARUNDEL HUSPITAL Ame DRUNEL H Under 1 Year If Under 24 Hrs. 8. Deta of Birth (Month, Day, Year) Oct. 6, 1919 New York 5. Social Security Number 7. Age (In yrs. last birthday) Birthplaca (Stata or Foreign Country) **Funeral** 1□M 2√2 F 219-20-9080 <del>75</del> 77 Yrs. Director Usuai Rasidance of Decedent 10a State 10b. County 10c. City. Town or Location 10d. Inside City Limits 1 ☐ Yas 2 No MD Anne Arundel Director Glen Burnie 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? Furnace Branch Road 2106 21061 U.S.A. Funeral 12. Wes Dacedant Evar in U,S Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yas or No-lf Yas, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, atc. 11. Maritel Status 1 Yas 2 No If Yes, Give Yaar or Datas: 1 ☐ Navar Marriad 2 ☐ Merried 1 ☐ Yas 2 ☐ No Specify: by Specify: White 3√ Widowad 4 Divorced Completed 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Coilega (1-4or 5+) Homemaker Own Home 18 Mothar's Na*ma (First, Middla, Maldan Sumama)* Nelly Ann House Nelly House Marker 17. Fathar's Name (First, Middla, Last) s 1 and 2 should be fit I Health and Mental H tem 27 is marked off Thomas Turnbull H. Turnbull 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Routa Number, City or Town, Steta, Zip Code) Margaret Bovat-Daughter 1631 Shannon O Circle, Severn, MD 21144 Baltimore, 20a. Mathod of Disposition 20b. Place of Disposition (Name of cematary, cramatory or other place) 20c. Location - City or Town, Stata Papes nent of h 1 ☐ Burlei 2 ☐ Cramation 3 ☐ Ramovei from Stata ö MD Veterans Cemetery 7/2/97 4 ☐ Donetion 5 ☐ Othar (Specify) Crownsville 21. Signeture of Firmstal Service Licer 22. Name end Addrass of Facility Hardesty Funeral Home 23a. Pert1. Enter the disease per complications that caused the deeth. Do not anter the mode of dying, such es cardiec or respiretory errest, Approximate shock, or heart failure and only one cause on each line. Approximate intarval Batween Onset and Death Physician /Medical immadiata Causa (Final disease or condition resulting in death) CEREBROVASCULAR ACCIDENT Examiner Dua to (or as a consequence of) physician end the buriel-tran Sequentielly list conditions, if any, leading to immediata cause. Entar Underlying Cause (Disaese or injury that initiated events rasulting in death) Last Due to (or es a consequance of): P.O. Box 68760. Physician/Medical Dua to (or as a consequence of) Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 3 1 Yes 2 No 3 Probably 4 Unknown DIABETES MELLITUS signed t Division of Vital Records, à 24b. Wara autopsy findings evailable prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed HYPERTENSION 1 ☐ Yas 2 ☐ No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical axaminar? Be 26. Placa of Death (Check only one) Hospital: Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Spacify) 0 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 28a. Date of injury (Month, Dey Year) 27. Manner of Death 28b. Tima of 28c. injury at Work? 28d. Dascribe how Injury occurred 1 Naturel 5 Panding Hospital or Attanding
 124 hours after death.
 Funeral Director: After 1 ☐ Yes 2 ☐ No invastigation 2 Accidant 3 Sulcida 6 Could not be determined 28e. Plece of Injury - At home, farm, streat, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, State) 4 Homicida 29a. Cartifiar 🗹 Certifying Physician: To tha bast of my knowledga, daath occurrad at tha tima, data and place, and dua to tha causa(s) and mannar as statad. To the Hosp within 24 hor To the Fune completaly fi Medical 2 Medical Examinar: On the basis of axaminetion and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mannar stated. 29d. Data signed (Month, Day, Year) 29b. Signatura and titla of certifian 29c. Licansa number D48002 mD JUNE 30 1997 201 HOSPITAL DRIVE 30. Neme and eddress of person who complated cause of death (itam 23a) (Typa, Print) OLUSEGUN OGUNFOWORA NORTH ARVNDEL HOSPITAL GLEN BURNIE, MD State

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

DEALE

Year If Under 24 Hrs.

Hours

20336 3 Time of Death

**Physician** /Medical **Examiner** 

1. Decedent's Nama (First, Middle, Last) Thomas Joseph Bayer 4a. Facility Nema (If not institution, giva street and number)

1 GM 2 □ F

Month JULY 03, 1997 4b. City, Town, or Location of Deeth

2. Data of Death

11:00 A 4c. County of Death

ANNE ARUNDEL

**Funeral** Director

8

"natural"

uit. Pages 1 and 2 should be filed streamt of Health and Mental Hygis ertant: if from 27 is marked other injury or other traumatic event, []

à

Completed

Be

Usual Residence of Dacedant 10a. Stata 10b. County

5. Social Security Number

220-50-8313

10c. City, Town or Location

Deale

Yrs.

7. Age (In yrs. last birthday)

49

8. Data of Birth
July 8, 1947

9. Birthplace (Stata or Foreign Washington DC

10d. Instda City Limits

1 Yas 2 No

MD Anne Arundel

> 10e. Street and Number 6011 Parker Drive

6011 PARKER DR.

10f. Zip Coda

If Under 1

Days

10g. Citizen of What Country?

20751

U.S.A

1 Navar Married 2 Married 3 Widowed 4 Divorced

12. Was Decedant Evar in U,S. Armed Forcas? 1XI Yas 2 □ No If Yas, Giva Yaar or Datas:

 Was Decedant of Hispanto Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, etc.) 1 Yas 2 No Specify:

14. Race - Amarican Indien, Black, White, etc. Specify: White

D.C. Fire Dept.

15. Decedant's Education (Spacify only highast grada complated) Elamantary/Secondary (0-12)

Cotlaga (1-4or 5+) Fire Fighter

16e. Decedant's Usual Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry

17. Fathar's Nama (First, Middle, Last)

Thomas Joseph Baver 18. Mothar's Nama (First, Middle, Maiden Surnama) Vivian Weikel

19a. Informant's Name/Relationship (Type, Print)

19b. Maiting Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code)

Kay Leslie Bayer/spouse

6011 Parker Drive Deale, MD 20751

20a. Mathod of Disposition

1 ☐ Burial 2XX remetion 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Othar (Specify)

20b. Place of Disposition (Nama of cematary, cramatory or other place) Metro Crematory

7/7/97 Baltimore, MD

20c. Location - City or Town, Steta

21. Signature di Funeral Sarvica Licensaa

23a. Parf 1. Enter the disease, or complications that caused the much. Do not antar the mode of dying, such es cerdiac or respiratory arrest, shock, or heer feilure. List only one cause on each tine.

Hardesty Funeral Home, P.A.

12 Ridgley Avenue Annapolis,

**Physician** /Medical Examiner

buriel-transit

Physician/Medical

à

Completed

Be

10

Certification:

page 2 certificate

To the Hospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completely filled in by the funeral director, I

physician s the buriel

Box 68760.

Division of Vital Records, P.O.

Baltimore, Maryland 21215-0020

Sequentially list conditions, if any, laading to immadiata causa. Entar Undarlying Causa (Disaasa or trijury that initiated avents rasulting th deeth) Last

Immediata Causa (Final diseasa or condition resulting In daath)

Intraoral quishot wound of head

Dua to (or as a consequence of):

Due to (or as e consequance of)

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24e. Was an autopsy performed?

24b. Ware eutopsy findings aveilabla prior to completion of ceusa of daath?

Approximate Interval Between Onset and Death

1 Yes 2 □ No 26. Placa of Daath (Check only ona)

1 Yas 2 No

25. Was cesa rafarred to medical 1 Yas 2 No

27. Mannar of Deeth

1 Natural

2 Accident

3 Suicide

4 Homictda

5 Panding invastigation

6 ☐ Couid not be datamined

28a. Data of injury
Found, (Month, Day Yaar) 7-3-97

Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I.

1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Tima of Injury FOUND 1041

28c. Injury et Work? 1 Yas 2 No

Other: 4 Nursing Home 5 Restdence 6 Other (Specify)

Shot Self 281. Location (Street and Number or Rural Routa Number, City or Town, State) 6011 Parker Drive

29a. Cartifiar (Check only one)

28a. Place of trijury - At homa, farm, straet, factory, office building, etc. (Specify) Deale, Ann Amundas 1 Cartifying Phyelclen: To tha best of my knowledga, daath occurred at the tima, data and place, and dua to tha causa(s) and mannar as steted. Medical Examiner: On the basis of axamination and/or investigation, in my opinion, daath occurred at tha time, data end place, end due to the cause(s) and mannar stated.

29b. Signatura and titla of certifiar

29d. Dete signed (Month, Day, Year)

forald & Wright MD

OCME

JULY 04,1997

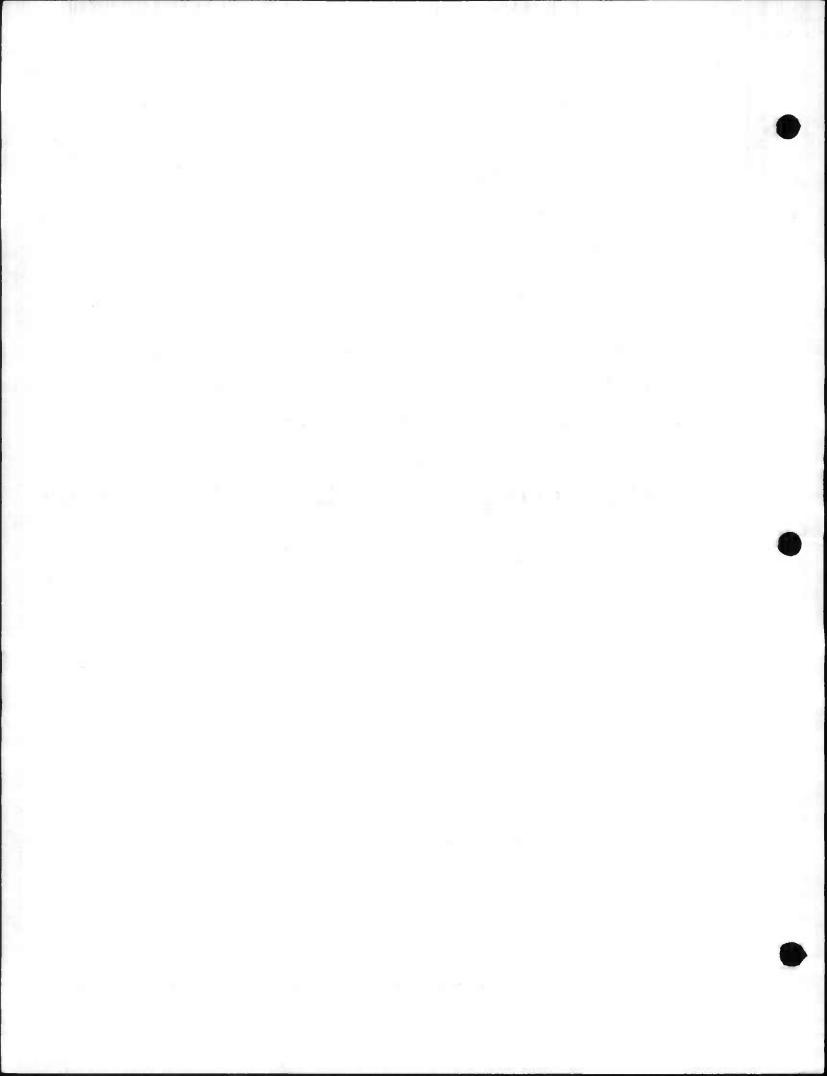
30. Name end eddrass of parson who completed cause of death (ttem 23e) (Type, Print)

DONALD G. WRIGHT MD 111 Penn Street, Baltimore, Maryland 21201

State Registrar

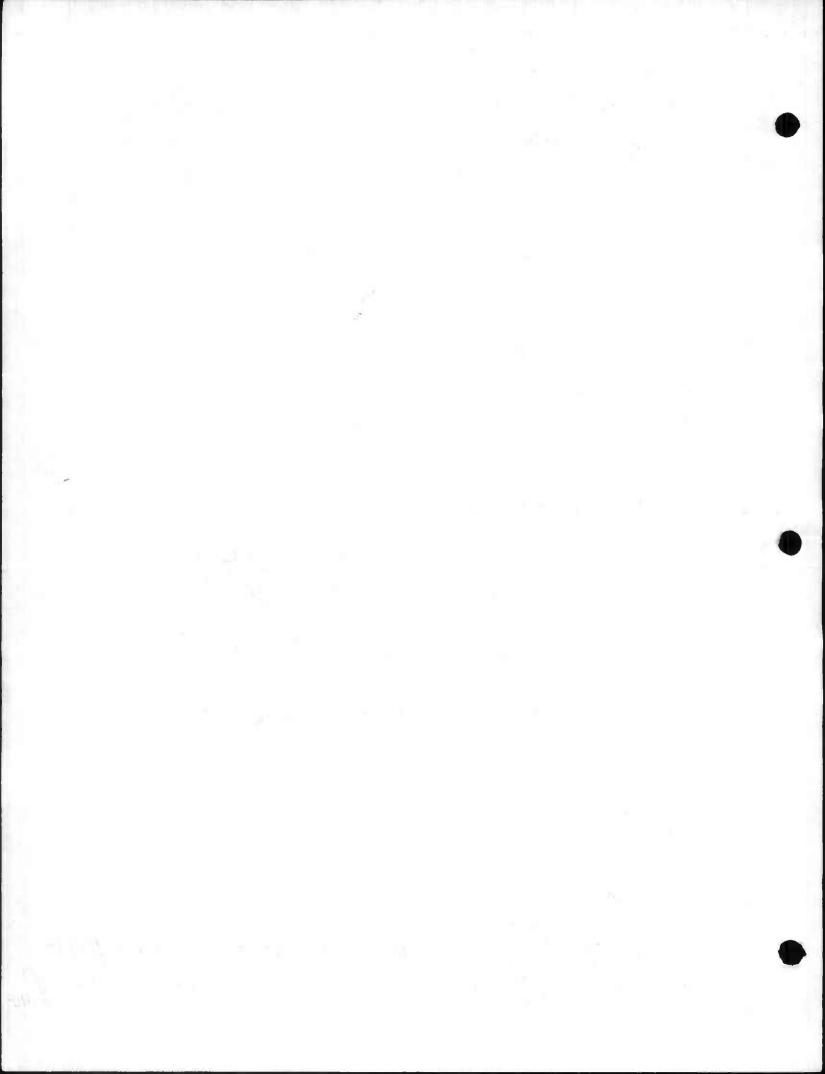
31. Data filed (Month, Day, Yaar) JUL 0 7 1997 32. Ragistrar's Signature ulit Davidson Randall

**DHMH 16 Rev 6/95** 

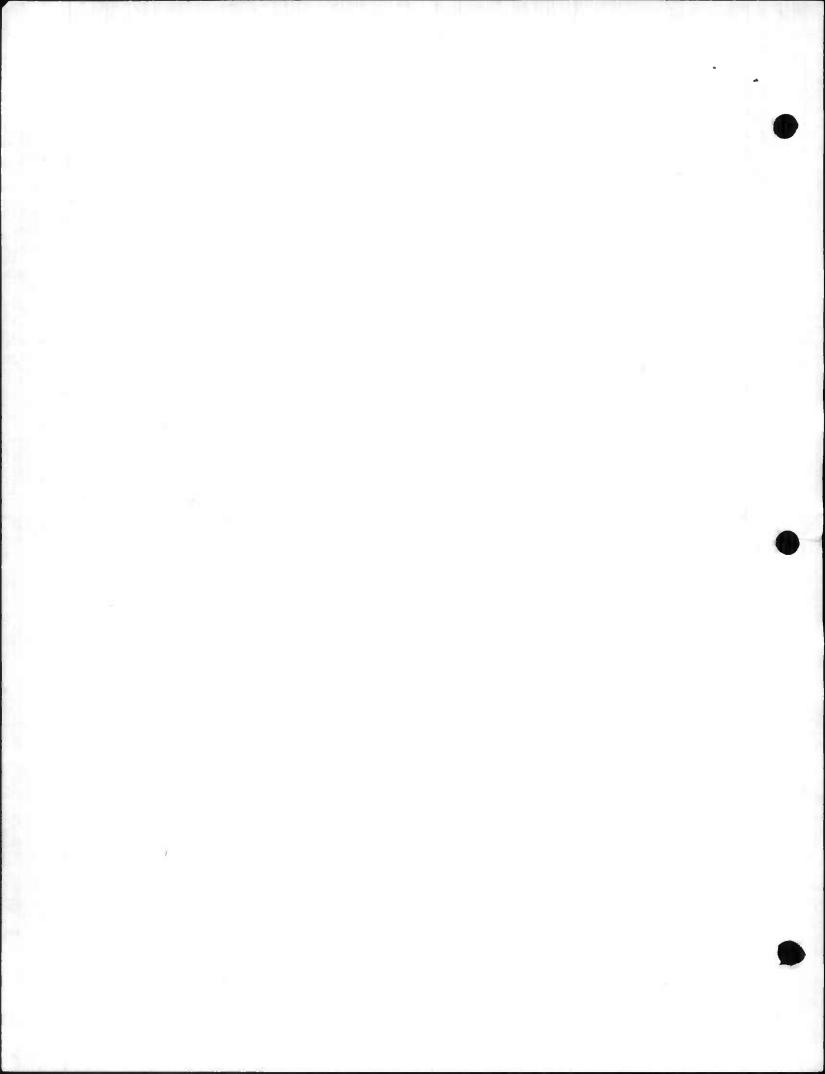


# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

		Certificate of Death	Reg. I		330
Physi		1. Decedant's Name (First, Middla, Last)  DOKEY	Date of Daeth Month	Davo : Xeer /	ma of Death
/Med Exam		4a. Facility Nama (If not institution, giva street and number)  4b. City, Town, or Loca	11-511	4c. County of Death	
Funera Directo		5. Social Security Number 6. Sax 7. Aga (In yrs. last birthday) If Undar 1 Year If Undar 24 Hrs. 8 $218-26-6427$ 1 $100$ M $20$ F $6$ Yrs. Months Days Hours Min.	Data of Birth		itata or Foreign
anyland ahow	7	Usual Rasidance of Decedant  10e. Stata 10b. County 10c. City, Town or Location			lde City Limits
h the M r 28a-f	Director	Ma NA Baltimore  10e. Street and Number 10f. Zip Coda	10g. (	Citizen of What Country?	[182 5   140
s 23a c	eral D	2508 Edge combe Circle 21215		U.S.A	
d 21215-0020 filed within 72 hours after death with the Maryland thygiene. ther then "natural", or items 23a or 28a-f show ont, the Modical Examiner must be notified at	by Funeral	11. Merital Status  12. Wes Decedant Evar in U,S. Armed Forces?  1 ▼ Never Married 2 □ Marriad  3 □ Widowed 4 □ Divorced  12. Wes Decedant Evar in U,S. Armed Forces?  1 □ Yes 2 □ No If Yes, Siva Yaar or Datas:  13. Was Dacedant of HispenIc Origin? (Specify Cuben, Maxican, Puerto Ric	ty Yes or No- can, atc.)	14. Race - American Indi Bleck, Whita, atc. Specify: Black	an, N
d 21215-C filed within 72 h Hygiena. ther than "natu	Completed	15. Decedant's Education (Specify only highest grade completed)  Elementary/Secondary (0-12)  Att grade  Give him of work done during most of working life. DO NOT use ratired)  Sugar Boil w	16b.	Sugar Co	mpany
dia 6	To Be Co	17. Fathar's Nama (First, Middla, Last)  18. Mothar's Nama (First, Middla, Last)  18. Mothar's Nama (Febragia	0	(an Sumama)	
an an an		19a. Informant's Name/Ralationship (Type, Print)  19b. Mailing Addrass (Street and Number or Flural F  19b. Mailing Addrass (Street and Number or Flural F  20a. Mathod of Disposition  20b. Place of Disposition (Nama of	Balte	Hel 21213	5
5 80 F P		1 Dential 2 Cramation 3 Ramoval from State 4 Donation 5 Other (Specify)	Data 20c.	Location - City or Town, Str	1. ud
Baltimoperant: Pag Department Important: I any Injury o		21. Signature of Funeral Sarvice Licansaa  22. Nama and Addrass of Fecility  Auch F, H, Woot		2	1215
		23a. Part 1. Entar tha disease, or complications that ceused the daath. Do not antar tha mode of dying, such as cerdiac or reshock, or haart failura. List only ona causa on aach lina.	respiratory errast,	1e Da / 4v A Appro	ximete al Between
Physiciar /Medica Examine		Immediata Causa (Final diseasa or condition a. Non-Small Cell Lung CAX rasulting in death)	JEER	Onset	and Death
po is	liner	Dua to (or as a consequence of):  Superior Vina CAVA SW.	N dro	mè	
68760, tificate be executed g physician and as the burial-transit	Examiner	Sequantially list conditions, if any, leading to immediate ceuse. Enter Underlying Causa (Diseasa or injury C. Relia to Coopha	citis		
	Medical	rasulting In daath) Last Dua to (or as e consequence of):	Linker	en	
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Hough III	edical	29a. Cartifiar (Check only one)  Certifying Phyalcian: To tha best of my knowledga, daath occurred at tha tima, data and placa, and check only one)  Check only one)  Certifying Phyalcian: To tha best of my knowledga, daath occurred at tha tima, data and placa, and menoar statad.	d dua to tha causa at tha tima, data a	(s) and mannar as stated. and place, and due to the ca	usa(s)
	M	29b. Signetura and titla of certifier  M. D. License number	29d. [	Data signad (Month, Day, Yo	9ar)
1 ox		30. Nama and address of parson who promound causa of death (Itam 23a) (Type, Print)*	DIA	7////	110
	ate	31. Data filed (Month, Day, Year)  Registrar's Signature	Ra, U	vings phills	MIN 211F
Regis		JUL 07 1997 The Favidson-Mander			



	•		EM22 TEM#5 PER F.H. 7/7			ent of Health and ate of Death	Mental Hy		1 2	1339	
Phys		1	1. Decedent's Neme (First, Middle, Las		he	e Butte	2. Dete of De Month	Pag. No.	Yeer /	Time of Deeth	
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her death with the Maryla herre 23a or 28a-f show ther must be notified at	Director		10e. Street end Number	· Closet	CHINDOR 101. 2	Zip Code		10g. Citizen of \			
hours after death ursf, or liems 2 at Examiner mus	1 2	to be completed by	11. Maritel Status  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. Wes Decedent Ever In L Armed Forces? 1 Yes 2 No If Yes, Give Yeer or Deles:	If Yes, sp	edent of Hispanic Origin? ( pecify Cuban, Mexican, Pue	Specify Yes or No rto Rican, etc.)		ce - American Indick, White, etc.	dian,	
Illed within 72 ho Hygiene. Ther then "netur int, the Medical	Completed		15. Decedent's Ed (Specify only highest gre Elamentery/Secondery (0-12)	ucation de completad) Collega (1-4or 5+) 2 YEARS	16e. Decedent's Us (Give kind of v life. DO NOT	work done during most of wi use retired) e + 0/09/s +		DABI	usiness/industry		
Montal Mental arked o	To Be			SUn		Virgin	eme (First, Middle	addy			
Pages 1 and 2 shrent of Health and ret: If item 27 is m ry or other traum			19a. Informant's Name/Reletionship (7  20e. Method of Disposition  1   Buriel 2   Cremetion 3   4   Donation 5   Other (Specify	er - Husbana 20b. I Removel from State		iss (Street end Number or R  M + Holly lame of r other piece)  Emetery	Pural Route Numb	Balt	Stete, Zip Code  O, H.d.  City or Town, S	2/2/6	
permit. P Departmi Importan any injur	once.		21. Signelure of Funerel Service Licen	1/1	22, Neme	end Address of Feility	CHATMAN 5240 RA	N HARRIS F	N RDQ BAL	2/21	
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icete be executed physician end s the burial-transit	Fxaminer		Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease of Injury	b. — Dua to (or es e consequence of):							
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0 0 %	Physician/M		Part II. Other significant conditions co	entributing to death but not res	sulting In the underlying	g cause givan In Pert I.		tobacco use co	ontribute to the o		
aw requires as been sign 2 should be	Completed by						24e. Wes	s en eutopsy omned?	evailable	on of cause	
ician: The l certificate he rector, page			25. Wes case rafarrad to medical			26 Place of D	1 □ eeth (Check only	Yes 2 No	1 🗆 Yes	2 No	
Phys ral di	n: To Be	2	axeminer? 1 Yes 2 No 27. Manner of Deeth	Hospital:  1  Inpatient 2    28e. Dete of Injury (Month, Dey Year)	ER/Outpetlent 3 I	Home 5 Ree					
er deat	Certification:		1 DNatural 2 Accident 3 Sulcide 4 Homicide  1 DP ending Investigation 6 Could not be detarmined		M ome, ferm, street, fect	28c. Injury et Work? 1 □ Yas 2 □ No  ory, office	28f. Location (Street and Number or Rural Route Number, City or Town, State)				
To the Hospital or within 24 hours eff To the Funeral Di completely filled in	edical C		29e. Certifier 1 Certifying Phy (Check only one)	elcian: To the best of my kno lner: On the basis of examine and mennar steted.	owledge, death occurre ation end/or investigation	od et the lime, data end plec on, in my opinion, deeth occ	ca, end dua to the curred et the time,	cause(s) end ma dete end place,	anner es stetad. end due to the c	euse(s)	
To th Vithir To th	×		29b. Signeture end title of cartifier			9c. License number			d (Month, Day, 1	Year)	
L		3	Stople 90 00. Nama and eddrass of person who o	omplated causa of death (Iter	n 23a) (Type, Print)	D-36885 + Baltime		71	2/97		
	State	3	Stephen Gottlic 31. Deta filed (Month, Day, Year) 1111 071997	22 S. 9 ,32. Registrar's Sign	Greene St	L Baltino	ore, MD	212	01		



State of Maryland / Department of Health and Mental Hygiene 20340 Certificate of Death 1. Decedent's Name (First Middle Last) 2. Date of Death 3. Time of Death **Physician** BALLUE, KRISTEN POWELL Do 20:25. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner University of Maryland Hospital Baltimore Baltimore If Under 24 Hrs. Hours Min. If Undar 1 Year 5. Social Sacurity Number 7. Age (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) **Funeral**  Birthplace (State or Foreign Country) Days 1□M 2K F Months 224-49-0800 18 Yrs. Director 1979 Washington, D.C. Usuai Residance of Decedent 10a. State 10b. County 10c. City, Town or Location rai', or items 23a or 28a-f show Examiner mant be notified at 10d, inside City Limits Director 1 ☐ Yas 2 No Fairfax Vienna Virginia 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 2504 Flint Hill Road 22181 USA Funeral 12. Was Decedent Evar in U,S. Armed Forcas? Was Decedent of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. filed within 72 hours efter 1√ Never Married 2 Married 1 ☐ Yes 2 No If Yes, Give Year or Dates: 21215-0020 *natursl', or 1 ☐ Yas 2 ☑ No Specify: White Be Completed by 3 Widowed 4 Divorcad Specify: The Medical 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grada completed) nd Mentel Hygiene. marked other than Elementary/Secondary (0-12) College (1-4or 5+) High School Student Peges 1 end 2 should be filed v tment of Heelth and Mentel Hygie tant: If item 27 is marked other ti lury or other traumetic evant, in Baltimore, Maryland 17. Father's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Elizabeth Flow Guillermo C. Ballve 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6437 Spring Terrace, Falls Church, Va. 22042 Guillermo Ballvė 20a. Method of Disposition
1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Department of Important: If eny injury or 4 ☐ Donation 5 ☐ Other (Specify) 6/29/97 Metropolitan Crematory Alexandria, Va. 21. Signature of Funeral Sarvice Licansee 22. Name and Address of Facility
MONEY & KING VIENNA FUNERAL HOME, INC. 171 W. Maple Ave., Vienna, Va. 22180 23a. Part1. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only ona cause on each line. Approximate Interval Between Onset and Death ICAL EXAMINER **Physician** Immediate Cause (Finel disease or condition resulting in death) /Medical Examiner APPROVED Physician/Medical Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initieted events resulting in death) Last Due to (or as a consequence of): Due to (or Box The law requires that the death P.O. 1 Part II. Other significant conditions contributing to death but not resulting in the underlying causa given in Part I. 23b. Did tobacco use contribute to the cause of death? signed by 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ Completed 24b. Were autopsy findings available prior to completion of causa of death? 24a. Was an autopsy performed? peen certificate 1 Yas 1 ☐ Yas 2 ☐ No or Attending Physician: 25. Was case referred to medical Be 28. Plece of Deeth (Check only one) 10 1 Yes 2 No Other: 4 Nursing Homa 5 Residenca 6 Other (Specify) 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28c. Injury et Work? After 5 Pending Investigation 1 Natural death. 197 UNK 1 ☐ Yes 2 Accident 125 Director: / 6 Could not be determined 3 ☐ Suicide Piaca of Injury - At home, ferm, street, factory, office building, etc. (Specify) Location (Street and Number or Rural Route Number, City or Town, State) 100 \$ \$4. + Coastal 4 - Homleide efter Highway ocean city, maryland To the Hospital within 24 hours of To the Funeral Completely filled To Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete and piece, end due to the cause(s) and manner as stated.

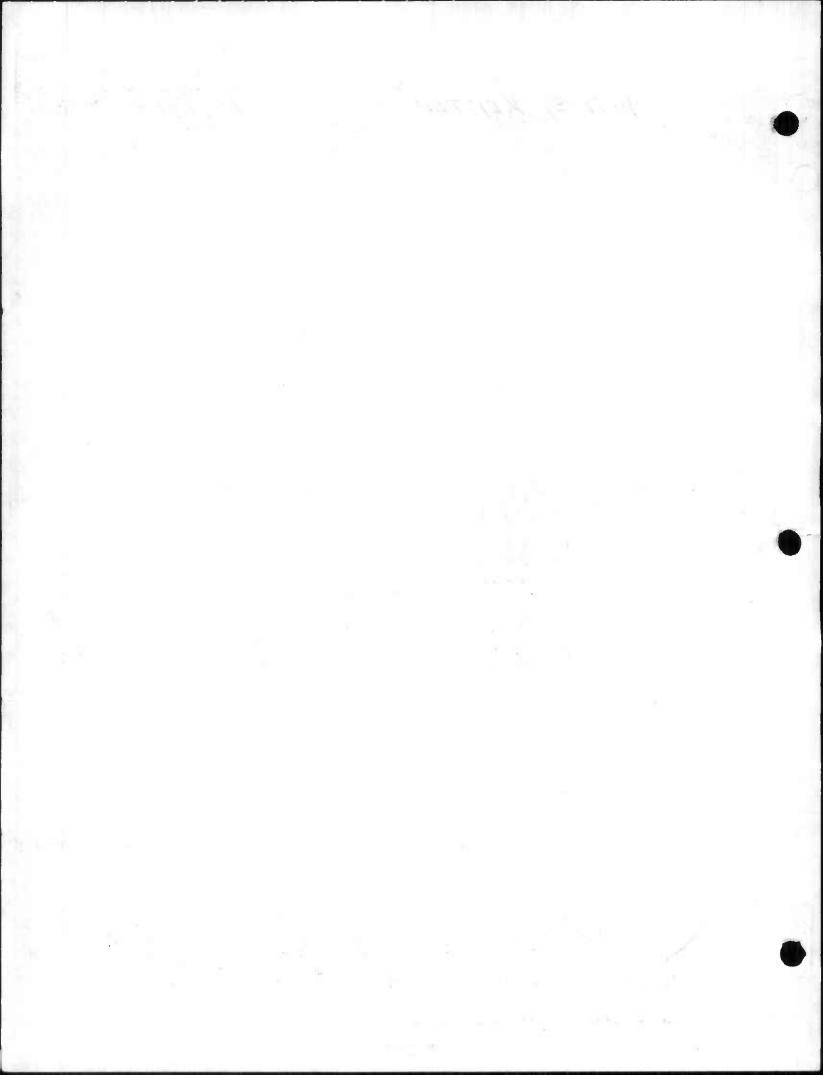
2 Medical Examiner: On the basis of axamination and/or investigation, in my opinion, death occurred at the fime, date and piaca, and due to the cause(s) and menner stated. Medicai 29a. Certifier one) 29b. Signature and title of certific 29c. Licensa number 29d. Date signed (Month, completed cause of deeth (Item 23a) (Type, Print)

State Registrar 31. Date filed (Month, Day, Year)

JUL 0 7 1997

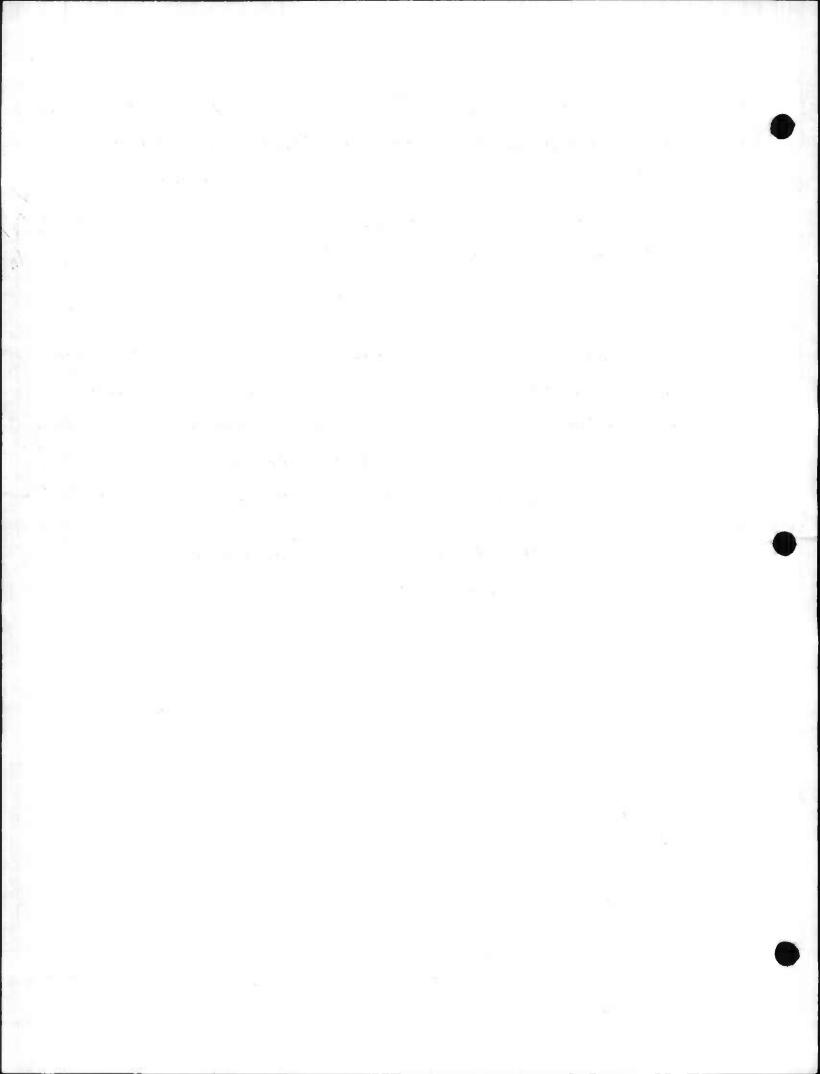
32. Registrar's Signature
Julia Durdson-Randon

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State of Maryland / Department of Health and Mental Hygiene 97

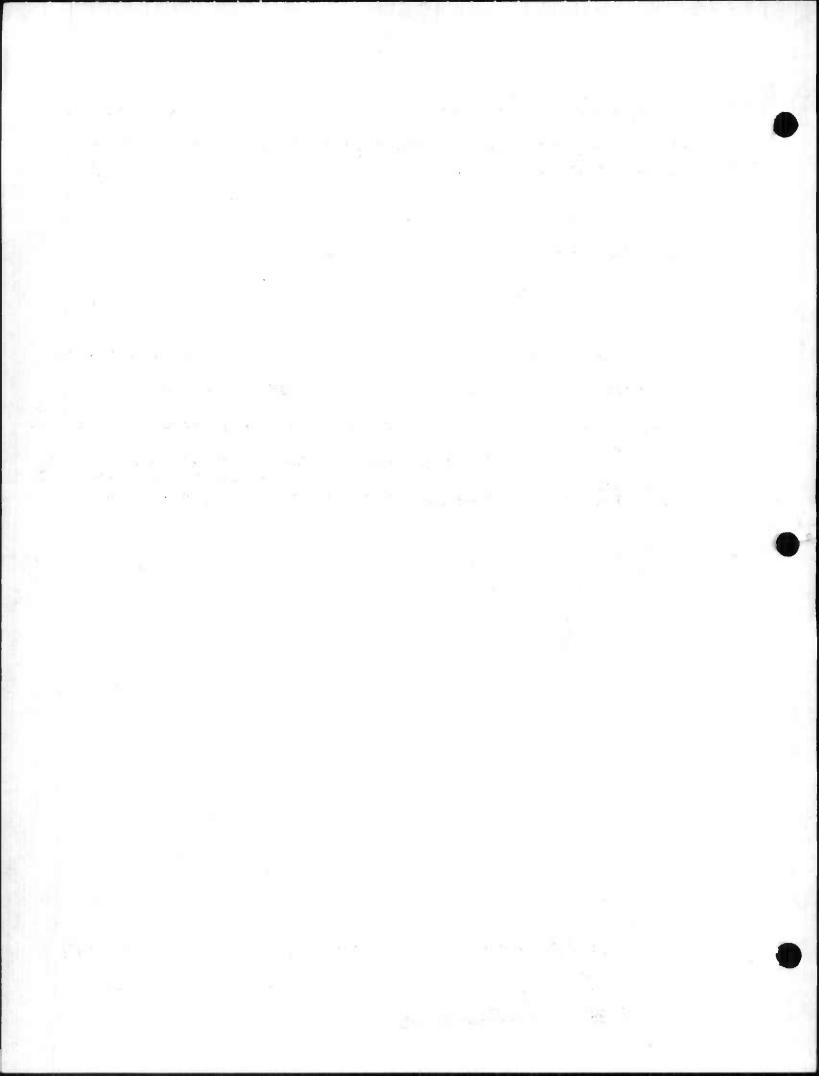
						Certifica	ate of	Death		Reg. No.			
			1. Decedent's Neme (First, Middle, La	st)					2. Date of Dea	ath		3. Time of Death	
	Physic		Charles	Lo		Bn	TW N	/	Month	Day	9° Par	4:3000	
	/Medi Examii		4a. Facility Nama (If not institution, giv	e street and number)				4b. City, Town, or I	ocation of Death	4c. County	of Death	1. Ocpil	
	Funeral Director		5. Social Security Number 6. S 213-18-2121 Usual Residence of Decedent	ex 7. Age (In XX 84	HAT yrs. last bir	thickey) If Unc. Month	de ler 1 Yaar s Days		8. Date of Birt (Month, Day	y, Year)	9. Birth	more placa (Stata or Foreign placy) NC	
	and w		10a. State 10b. County	100	c. City, Tow	n or Location					Ţ	I Od. Insida City Limits	
	Sa-f sho	ector	MD NA		Balt	imore						1√2√Yes 2□No	
	23a or 2	Funeral Director	1700 North Bon			10f. Zip Code 21213				10g. Citizen of USA	ntry?		
ore, Marylan	ours efter death with the Marylan ral', or items 23a or 28a-f show Examiner mant be notified at	by	11. Marital Status  1 Never Married 2 Married  304Widowed 4 Divorced	12. Was Decedent Ever Armed Forces? 1 ☐ Yes 2 ☐ No If Yas, Give Year or Dates:	lf Y		Was Decedent of Hispanic Origin? (Sp. If Yas, specify Cuban, Mexican, Puerto  1 ☐ Yes 2 ☒ No Specify:		pecify Yes or No- o Rican, etc.)		ck, Whita,	can Indien, etc. lack	
	"natural",	To Be Completed	15. Decedent's Ed (Specify only highest gra		16a.	16a. Decedent's Usual Occupation (Give kind of work done during most of w		during most of war	kina	16b. Kind of B	usinass/In	iss/Industry	
	iene. than		Elementary/Secondary (0-12)	College (1-4or 5+)		life. DO NOT	DONOT use retired)					trades	
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	Mer Marke		Charles W. B					Loue			Bake		
	12 sho h and is me		19a. Informent's Name/Relationship (	Type, Print)				t and Number or Ru					
	- 7 5 5		Sonja Butler 20a. Method of Disposition	20		f Disposition (A		chville	Road B				
			XXBurial 2 Cremation 3 4 Donation 5 Other (Specify	Removal from State	cem ete	ry, crematory o	r other pla			20c. Location		Ilstown,	
Balt	Demit. Page Department of Important: If any Injury or once.		21. Signature of Funeral Service Licer	See See See See See See See See See See		22. Name	and Addr	ess of Facility	SIST	1101:	E. 1	Vorth Auz	
			23a. Part1. Enter the disease, or com shock, or heart failure. List only	plications that caused the	death. De	nat enter the m	oda of dy	ing, such as cardiac	or respiratory ar			Approximate Interval Between	
Box 68760,	artificate be ing physicia e as the bur	VMedical Examiner	Immediate Cause (Final disease or condition resulting In death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	b. A S. Due	to (or as a	consequence of consequence of	f): f):	PN4 F	HRC 11	570			
B	eath ce attendii	ciar								23b. Did tobacco use contribute to the cause of death?			
P.0.	by the	Physician/	Part II. Other aignificant conditions of	contributing to death but not resulting in the underlying cause given in Part I.  23b. Did tobac  1 □ Yes									
of Vital Records Physician: The law requires	requires been sign should be	Completed by			_					en eutopsy rmed?	ev	ere autopsy findings vallabla prior to empletion of cause death?	
	0 - 5	E							101	res No	1[	☐ Yes 21 No	
	delan: The certificate rector, pag	Be C	25. Was casa referred to medical					26. Place of Dea	ith (Check only o	ne)			
	ding Phys h. After this funeral di	2	examiner?  1 Yes No  27. Manner of Death  1 Natural 5 Pending investigation investigation	28a. Date of Injury (Month, Day Yes	Itpatient 3 0	me of ury 28c. Injury at Work?		ma 5 Residenca 6 Othar (Specify) 28d. Describa how injury occurred		(y)			
Division	P # F	Certification:	3 Suicida 6 Could not be determined					28f. Location (Street and Number or Rural Route Number, City or Town, State)					
	To the Hospital within 24 hours a To the Funeral Completely filled	edicai (	29a. Certifier (Check only one) Certifying Ph	ysician: To the best of my niner: On tha basis of exar and mannar statad.	knowledge mination an	e, deeth occurre d/or investigation	d et the t on, in my	ime, date and placa opinion, death occu	, and due to the or rred at the time, or	ceuse(s) end m date and placa,	enner as s and due t	tated. the cause(s)	
	To the Nithir	≥	29b. Signature and title of certifier					se numbar		29d. Date signe	d (Month,	Day, Year)	
	0		Komman 1	7. Whom			1)34	4184		7/3/	57		
	8		Reymond 30. Name and address of person who a RAYMUND A. MZ	completed cause of death	(Item 23a)	(Type, Print)	1c 6	LD #30	o Tue	2504	SM	1021204	
	Sta Registr	te	31. Date filed (Month, Day, Year) JUL 0 7 1997	Julia Dayidson	ignature Fandel	2							



State of Maryland / Department of Health and Mental Hygiene

3. Tima of Death 7 1517  Ath Arthplaca (Stata or Foreignatry) Md.  10d. Inside City Limit X12 Yas 2 N				
A rithplaca (Stata or Foreigountry) Md.  10d. Inside City Limit XiX Yas 2□N				
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10d. Inside City Limit X1X Yas 2□N				
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10g. Citizan of What Country?				
A				
14. Race - American Indian, Black, Whita, atc.  Specify: Black				
			s/Industry	
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continental Can				
A. Lindsay				
Zip Code) 2124				
Maryland				
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7 Baltimore, Md				
Baltimore, Maryland 2120				
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Approximata				
23b. Did tobacco use contribute to the causa of deatl				
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Wara autopsy findings eveilable prior to complation of cause				
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ecify)				
28f. Location (Street and Number or Rural Routa Number.				
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DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Name (First, Middla, Last) 2. Data of Death 3. Time of Death JULY **Physician** MARY DIRMINGHAM 15 A /Medical 4b. City, Town, or Location of Death Facility Nama (If not institution, giva street and number) Examiner MEDICAL CLUTER DANTIMORE DALTIMORE If Undar 24 Hrs. 8. Data of Birth
Hours Min. (Month, Day, Year) If Undar 1 Yaar 5. Social Sacurity Number 7. Aga (In yrs. last birthday) 9. Birthpiaca (Stata or Foreign **Funeral** 1 □ M 2 F Days Yrs. 218-01-3037 December 6 1916 **Director** Usual Rasidanca of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits the Maryla N/A 1X Yes 2 □ No Maryland Baltimore Directo 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? mast be r 21201 #1 West Conway Street United States Funeral Петта 12. Was Decedant Evar in U,S. Armed Forcas? 14. Race - American Indian, Black, Whita, atc. Was Decedant of Hispenic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Maritai Status 1 ☐ Yas 21∑ No If Yes, Giva Yaar or Datas: 1 ☐ Nevar Married 2 ☐ Married 8 1 ☐ Yas 2 No Specify: White à 3€ Widowed 4 Divorced 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use ratired) 15. Decedant's Education (Specify only highast grada completed) 16b. Kind of Businass/Industry Elamantary/Secondary (0-12) Collega (1-4or 5+) Sales Person Sales 6 17. Fether's Nama (First, Middla, Last) Baltimore, Maryland 18. Mothar's Nama (First, Middla, Maidan Sumama) å Pages 1 and 2 should b broad of Health and Ment tank If Item 27 is marked Pasquale Battaglia Concetta Termine 2 19a. intorment's Name/Ralationship (Type, Print) 19b. Malling Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Rosemary McLean / Daughter 704 Fairway Drive, Baltimore, MD 21286 20b. Placa of Disposition (Nama of cematary, crematory or other place) 20c. Location - City or Town, Stata 20a. Mathod of Disposition Department of Important: If it 6 1 ☑ Burial 2 ☐ Cramation 3 ☐ Ramoval trom Stata 4 ☐ Donation 5 ☐ Othar (Specify) 7/9/97 Baltimore, MD Loudon Park Cemetery 21. Signature of Funaral Sarvice Licensee 22. Name and Addrass of Facility Loudon Park Funeral Home 23a. Pert1. Entar tha diseesa, or complications that caused the death. Do not antar the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. 3620 Wilkens Ave., Baltimore, MD Approximata Intarval Between Onset and Death **Physician** EREBROVASCULAR HECIDIENT /Medical Immediata Causa (Finel disaasa or condition rasulting In daath) Examiner Examiner The law requires that the death certificate be executed physician and s the burial-transit Sequentially list conditions, if any, laading to immadiata cause. Entar Undarlying Causa (Disaasa or Injury thet initiated evants rasulting in death) Last Dua to (or as a consequence of) Division of Vital Records, P.O. Box 68760, Physician/Medical Dua to (or as a consaquenca of): USB BS 1 for signed by the a d be detached f Part II. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown HYPERTENSION à 24b. Wara autopsy tindings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed page 2 s 2 0 No 1 ☐ Yas 2 ☑ No certificate or Attending Physician: funeral director, 25. Was cesa retarred to medicel axaminar? Be 26. Place of Deeth (Check only ona) Hospital: Othar: 4 Nursing Homa 5 Rasidance 8 Othar (Specify) 1 Yes 2 No 2 1 Inpatiant 2 ER/Outpatient 3 DOA After this Certification: 27. Manner of Death 28a. Data of Injury (Mgnth, Day Year) 28b. Time of 28d. Dascribe how injury occurred 28c. Injury at Work? 1 Natural 5 Panding 24 hours after death. Funerel Director: A Invastigation 1 Yas 2 No 2 Accidant Could not be datarmined 3 Sulcida 28a. Placa of Injury - At homa, farm, street, factory, office building, etc. (Specify) 28t. Location (Street and Number or Rural Route Number, City or Town, Steta) filled in by 4 Homlcide Hospital edical 1 Certifying Physician: To the best of my knowledge, death occurred at the time, data end piece, and due to the cause(s) and mennar as stated.
2 Medical Examiner: On the best of examination and/or invastigetion, in my opinion, death occurred at the time, data and piece, and due to the cause(s) and mannar stated. 29a. Certifier To the Hosp within 24 ho To the Fune completely fi (Check only one) 29b. Signature and titla of certifian 29c. Licansa number 29d. Data signed (Month, Day, Year) 30 Name and address of person who complated ceusa of death (Itam 23a) (Type, Print) STEPHEN PALITHORE 31. Data filed (Month, Day, Year) 32. Registrar's Signetura State

guna Davidson

JUL 0 7 1997

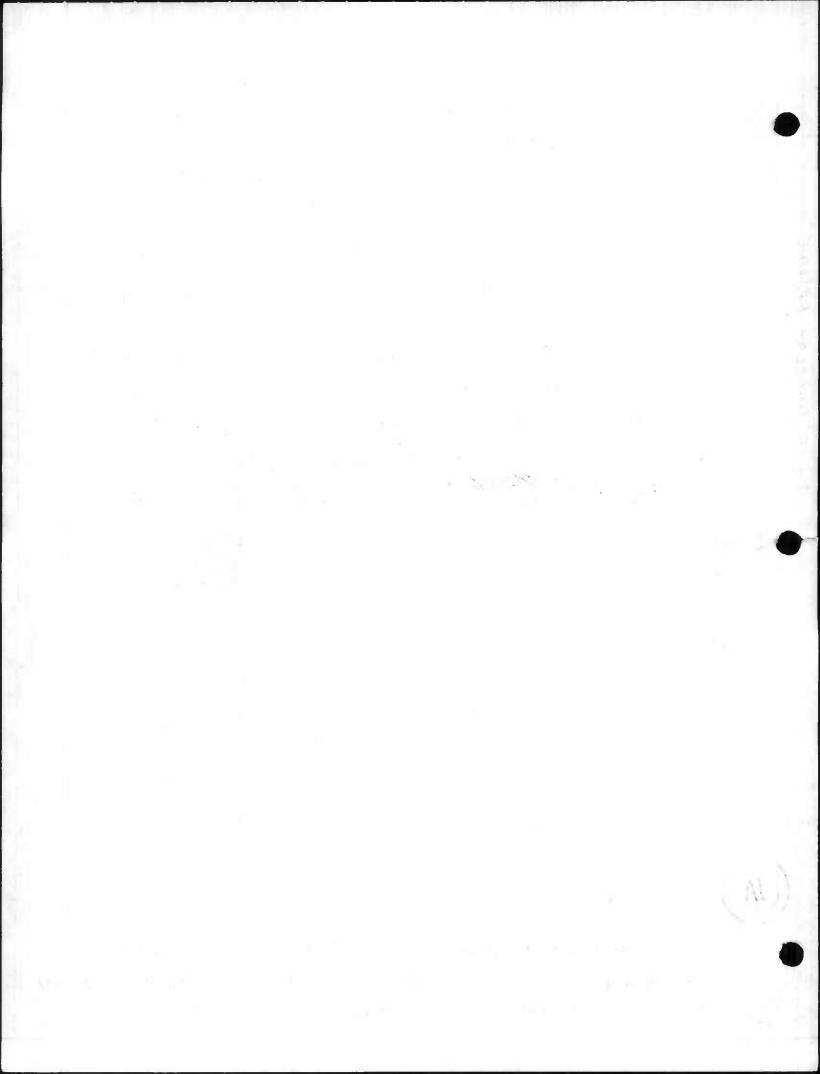
**DHMH 16 Ray 6/95** 

State of Maryland / Department of Health and Mental Hygiene 97

						Certificate of	of Death		Reg. No.		
	Dhuaic	ion	1. Decedent's Name (First, Middle, Las	st)				2. Date of De	eath	Vees	3. Time of Deeth
	Physic /Medi		Mc	Kee Barc	lay Br	owne		Jul v	Dey 1 19	Year 97	1:04 pr
5	Exami		4a. Fecility Name (if not institution, give				4b. City, Town, o	r Location of Deal			1 2 0 1 51
			Union Memorial	Hospita	1		Baltin	nore	N	/ A	
	Funeral		Social Security Number     6. S	ex 7. Age	e (In yrs. last bir	Months De	eer If Under 24 Hr	s. 8. Date of Bi	rth	9. Birth	place (State or Foreign
	Director		228-34-6/95	LAIM ZUF	67	Yrs.		APR 23	, 1930	Vir	ginia
	and **		Usuel Residence of Decedent  10e. State 10b. County		10c. City, Tow	n or Location					10d. Inside City Limits
	Manyl f sho	0	MD N/A			timore					1X Yes 2 No
	the 288	Director	10e. Street and Number			10f. Zip Cod	ie.		10g. Citizen of	Mhat Cour	21
	3a or	0	700 W. 40th Stree	t.		212				USA	ittyr
	death with the Maryland ms 23s or 28s-f show	Funeral	11. Maritel Status	12. Was Decedent B	Ever in U,S.		of Hispenic Origin? (	Specify Yes or No	- 14. Rac	e - Americ	can Indien,
0	or he		1X Never Married 2 Married	Armed Forces?	lo		Cuben, Mexican, Pue	rto Rican, etc.)		ck, White,	
707	hours efter tural', or its	by	3 ☐ Widowed 4 ☐ Divorced	If Yes, Give Year or Dates:		1 ☐ Yes 2 📉	No Specify:		Specif	w.Whi	te
ה	n 72 hours efter death with the Marylan "natural", or items 23s or 28s-f show soics! Examiner must be notified at	Completed	15. Decedent's Ed (Specify only highest grad	ucation de completed)	16a.	Decedent's Usual Oc	cupation	orkina	16b. Kind of B	usiness/in	dustry
7	within 72 ene. than "nat	np!	Elementary/Secondary (0-12)	College (1-4or 5		(Give kind of work do iife. DO NOT use re					
7	hygie	ပိ	47 Fab - 4- No. 11 (Fig. 4-4) (A. 11)	3	In	surance					Company
and	ital Hyged other	Be	17. Father's Name (First, Middle, Last)	' 1 D				ame (First, Middle		/	
Š	should be filed vind Mental Hygie marked other turnatic event, the	70	Robert Re					ary Byr			
Ma			19a. Informent's Name/Reletionship (7) Robert R. Brow			. Mailing Address (Str. 1 Walker					(Code)
ย์	Heal Heal em 2 other		20a. Method of Disposition	ne/bloth	20b. Place of	Disposition (Name of	,	Dete	20c. Location		num Ptata
2	permit. Pages 1 end 2 Deportment of Health of Important: If Item 27 is any Injury or other tra once.		1 ☐ Burial 2 Tremetion 3 ☐		cemeter	y, cremetory or other	piece)	110			
	ortme ortani injury		4 □ Donation 15 □ Other (Specify,  21. Signeture of Funeral Service Licen:		Metro	Crematory		2/97	Balti	more	, MD
0	permit. Depertri		serg E.	111 with		Crematio	n Society				
_			George E. M		a i di a m	299 Fred	erick Rd.	Baltimo	re, MD 2	21228	
	Dhusislan		23a. Part1. Enter the disease, or comp shock, or heart feilure. List only of	one cause on each lin	the death. Do r	not enter the mode of t	dying, such as cardia	ic or respiratory a	rrest,		Approximate Interval Between Onset and Death
	Physician /Medical		Immediate Cause (Final	Da 1	D01		. 0. 0			1	
	Examiner		disease or condition resulting in deeth)	a. accuse	· very	oraxiva	y youlu	re			meurs
		Jer		Freinge	Due to (or es a d	consequence of):  Cumeral consequence of):	Mariano	An all	nekan	1	50,00000
	eath certificate be executed attending physician end for use es the burial-transit	Examiner	Sequentially list conditions	b. 1 ~ 370 3€	Due to (or as a c	consequence of):	minu	W2 09	crapi	y	or years
5	a exe		Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events								
	nysici he bu	edical	that Initiated events resulting in death) Last	c	Due to (or es a c	onsequence of):				-	
5	ing p	Mec									
	th ce	an		d							
5	The law requires that the death cer tie hes been signed by the attendin page 2 should be detached for use	Physician/	Part II. Other significant conditions co	ntributing to death bu	t not resulting in	the underlying cause	given in Part I.	23b. Did	tobacco use co	ntribute to	the cause of death?
	d by	Ph)						10	Yes 2□ No	3 Prot	bably 4 Unknown
n n	signe I be o	þ									
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<u>.</u>	S S S	Completed							. /	of	mpletion of cause death?
_		S						10	Yes 2 No	10	Yes 2 No
	iding Physician: The lift. After this certificate he funeral director, page	Be	25. Was case referred to medical exeminer?	Hospital:				eth (Check only	one)		
5	Phys this	. To	1 ☐ Yes 2 No 27. Manner of Death	1 LI Inpatier		patient 30 DOA		Home 5 Resi			1)
5	ding h. After fune	ton	1 Naturel 5 ☐ Pending	28a. Date of Injury (Month, Day	Year) 28b. T	ijury V	llury at Vork? ☐ Yes 2 ☐ No	28d. Describe	how Injury occur	red	
-	085	fica	3 Sulcide 6 □ Could not be	28e Place of Injur	ry - At home far	m, street, factory, offic		28f Location (	Street and Numb	ar or Rura	I Poute Number
	100	Certification:	4 ☐ Homicide determined	building, etc.	(Specify)	m, stroot, ractory, onto		City or To	vn, State)	or or riura	THOUSE HUMBER
	(作)	100	29a. Certifier 1 Certifying Physics	alcian: To the best of	my knowledge.	deeth occurred at the	time, date and place	e and due to the	cause(s) and ma	nner es et	teted
		Medical	(Check only one) 2 Medicat Exami	ner: On the besis of e end manner stat	examination and	Vor Investigation, In m	y opinion, death occ	urred at the time,	date and place,	and due to	the cause(s)
1	O TO WO	M	29b. Signeture end title of certifier	_		29c. Lice	ense number		29d. Date signed	d (Month, i	Day, Year)
			M. Teabelle a	ac he	gusno	11	3657		Puls.	3,190	97
		-	30. Name end address of person who co	ompleted cause of de	eth (Item 23a)	Tuno Delet	3657 v.4016s		7		, ,
			N. ZOABELLE MA	KGREGOR,	KESW	10K, 7001	v.40 Hs	TREET	BALTIMO	RE)	17021211
	Sta	te	31. Date filed (Month, Day, Year)	32. Registrer	's Signature	con-Randelle					
	Registra	ar	JUL 07	1991 > 9	rina David	con-Randelle					

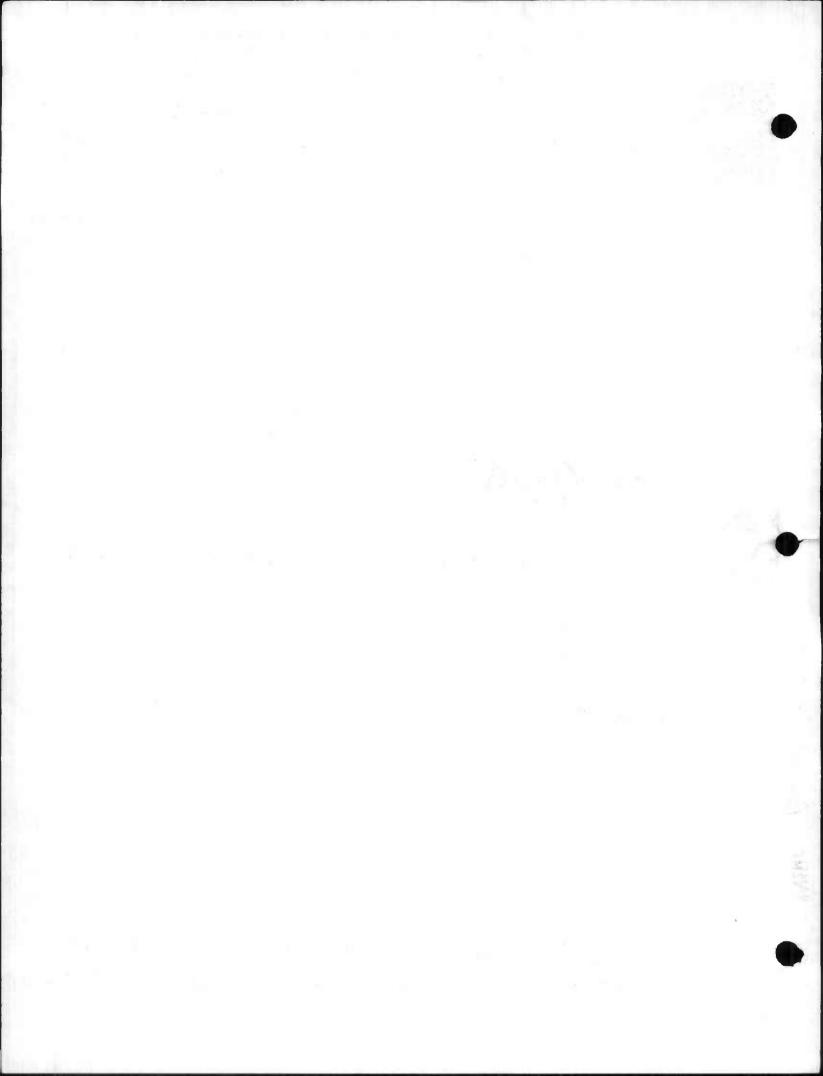
DHMH 16 Rev 6/95

TICKEE BARCLAY BROWNE



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month 124/2pm Betty R. Boylls /Medical 4e. Facility Neme (If not Institution, give street end number) 4b. City. Town, or Location of Deal Examiner 57. As ne 5
5. Sociel Security Number Healthcare BG ITIMUNE Baltimore If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) If Under 1 Year 7. Age (In yrs. lest birthday) Birthplece (State or Foreign Country) **Funeral** 1 □ M 2 1 F Deys Yrs. Director 355-22-2342 Illinois SEP 5, 1920 Usuel Residence of Decedent the Meryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23s or 28s-f show traumstic event, the Mayical Examiner must be notified at MD Baltimore Director Catonsville 1 ☐ Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 715 Maiden Choice Ln., CC516 21228 Funeral USA Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 12. Wes Decedent Ever in U,S. Armed Forces? 14. Race - American Indien, Bleck, White, etc. 1 Yes 2 No If Yes, Give Yeer or Dates: 1 Never Married Married Baltimore, Maryland 21215-0020 þ 3 ☐ Widowed 4 ☐ Divorcad Specify: White Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry should be filed within 7: and Mental Hygiene. Elementary/Secondary (0-12) College (1-4or 5+) School Teacher Education permit. Peges 1 and 2 should be file Department of Heelth and Mental Hy important: if item 27 is merked othe any injury or other traumeston...... 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) Pierce Thompson Ruth Larson 19a. Informent's Neme/Reletionship (Type, Print) 19b. Meiting Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Clyde C. Boylls, Sr. 20b. Plece of Disposition (Name of camelery, cremetory or other place) 20a. Method of Disposition 1 ☐ Buriel 2 【*Cremation 3 ☐ Removel from State 4 ☐ Donation __5 ☐ Other (Spe Metro Crematory, Inc. 7/7/97 Baltimore, MD 22. Name end Address of Fecility
Cremation Society of Maryland, Inc. Edward A. 299 Frederick Rd. Baltimore, MD 21228 Gregorchik 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errest shock, or heart failure. List only one ceuse on each line. Approximete Intervat Between Onset and Deeth Physician Hemmuhaje /Medicai Immediate Cause (Final disease or condition resulting in deeth) Examiner Examiner Sequentially list conditions, if any, leeding to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Last and Due to (or es e consequence of): attending physician for use as the burie Physician/Medical Due to (or as a consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. signed by the 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown perTension 24b. Were eutopsy findings eveileble prior to completion of ceuse of deeth? page 2 should Completed 24a. Wes en eutopsy performed? Director: After this certificated in by the funeral director, pag 1 ☐ Yes 2 ☐ No 25. Was cese referred to medical exeminer? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Suppatient 2 ER/Outpetient 3 DOA 27. Menner of Deeth Medical Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Naturel 1 Yes 2 No death. 2 Accident 3 Suicide 6 Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) Location (Street and Number or Rurel Route Number, City or Town, Stete) 4 | Homictde Funeral hours 1/2 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, date and plece, and due to the ceuse(s) and menner es steted.
2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the ceuse(s) and menner stated. 29e. Certifier (Check only 29b. Signeture and title of certifia 29c. License number 29d. Dete signed (Month, Dey, Year) 047484 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) Healthcare Go Catha Ave Baltimore ERIC SHEPARD 32. Registrar's Signetur State Fulia Davidson Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 20346

						Certificate d	of Death		Reg. No.		
	Discola		1. Decedent's Name (First, Middle, Last)					2. Date of De	ath	,,	3. Time of Death
	Physic /Medi		Alice	Virginia	Balli	nger		Month July	6. 1997	Yeer	3:40 AM
	Exami		4a. Facility Name (If not institution, giva st			8	4b. City, Town, or L			of Death	- 10/11/
			3838 Roland A	venue (A	pt 401)		Baltimo	re	N/A	A	
	Funeral Director		5. Social Security Number 6. Sex 1 1 1		e (In yrs. last bii 79	thday) If Under 1 Ya Months Da	ar If Undar 24 Hrs.			9. Birthple	ace (State or Foreign ry) yland
	pu .	1	Usual Residence of Decedent  10a. State 10b. County		10c. City, Tow	n or Location					
	e Maryle	ctor	Maryland N/A			timore				10	od. Inside City Limits  1X Yes 2 □ No
	23a or 28	ral Director	10e. Street and Number 3838 Roland Ave	nue (Ap	t 401)	10f. Zip Cod 2 1	e 211		10g. Citizen of V	What Count	ry?
020	772 hours effer death with the Maryland "naturel", or flems 23s or 28s-f show solical Examiner must be notified at	by Funeral	11. Marital Status 12  1 □ Never Married 2 □ Married  3 ☑ Widowed 4 □ Divorced	Nas Dacedent I Armed Forces?  1 ☐ Yes 2 N If Yes, Give Year or Dates:		13. Was Decedant of Yes, specify C	of Hispanic Origin? (Spuban, Mexican, Puerto No Specify:	pecify Yes or No Rican, etc.)		e - America ok, White, a v: Whit	ntc.
Baltimore, Maryland 21215-0020	C 4	Completed	15. Decedent's Educe (Specify only highast grade of Elemantary/Secondary (0-12)	tion co <i>mpleted)</i> College (1-4or 5		Decedent's Usual Oc (Giva kind of work do life. DO NOT use rel Home Ma	ne during most of worl ired)	king	16b. Kind of Br		ustry
42	e filed within Hygiene, other than		17. Father's Name (First, Middle, Last)			поше ма		o /First Adiabate			
and	od sta	Be c	Robert L.	Dov1e			18. Mothar's Nam			10)	
7	d 2 should b th end Ments 7 is marked traumetic e	T _o	19a. Informant's Name/Relationship (Type		10h	. Mailing Address (Str.				Ctata Tin 1	Codel
Ma	122 Tis		Lynn Doyle (Daugh								
nore,	THE E		20a. Method of Disposition 1 ☐ Burlal 2 ☐ Cremation 3 ☐ Rei		20b. Plece of cemete	15 Roland Disposition (Name of y, crematory or other)	olaca)	Date	20c. Location -	Oity or Tow	1211 wn, Steta
Ħ	it. Partmentant:		4 Donation 5 Other (Specify)		Balti	more Nat'l		7/9/97	Balt:	imore	, Md
Ba	permit. Pages Depertment of Important: If it eny Injury or o		21. Signature of Funeral Service Licansee	-+ ()		A. Alan	Seitz, Jr.	Funera	1 Home		
	Physician /Medical Examiner		23a. Pert1. Enter the disease, or complice shock, or heart feilure. List only one Immediate Cause (Final disease or condition resulting in death)	ations that caused ceuse on each lin	^	3818 Ro1		, Balti or respiratory a	more, Ma		nd 21211 Approximate Interval Between Onset end Deeth
		- e			Doe to (or es e	consequenca of):					
1	Pa Jisi	Examiner	b								
Ŀ	1 3	Exa	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying		Due to (or as a	consequenca of):					
Ž,			that initiated events		Due to for se s	consequence of);					
68	0 4 5 4 4	Medical	resulting in death) Last		Due to (or as a t	onsequence or).					
Box	eath cert ettendin for use		d								
	the ettendi	Physician/	Part II. Other algnificant conditiona contri	buting to death bu	ıt not resultina ir	the underlying cause	given in Pert I.	23b. Did	obacco usa co	ntribute to	the cause of deeth?
P.0	= >0	hy				,		10			ably 4 Unknown
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Records,	law requires es been sign 2 should be	Completed							an autopsy med?	aval	re autopsy findings liable prior to apletion of cause eeth?
č	0 - 0	E						10	res 20 No	10	Yes 2□ No
ita		Be	25. Was case referred to medical				26. Place of Dee	th (Check only o	ne)		
of Vital	2 00	To	exeminer?	spital: 1 🗌 Inpetie	nt 2 ER/Ou	tpatient 3□ DOA	Other: 4 Nursing He	oma 50 Besid	dence 6 Oth	er (Specify)	)
	Attending Phir deeth.		27. Manger of Deeth  Natural 5 Pending  Accident investigation	28a. Dete of Injur (Month, Day		Ime of 28c. In V	ijury at Vork? □ Yes 2 □ No	28d. Describe	now Injury occur	red	
ā	D die	Certification:	3 Suicida 6 Could not ba determined	28a. Place of Injubuilding, etc.		rm, street, factory, office	ce .	28f. Location (: City or Tox	Street and Numb vn, State)	er or Rural	Route Number,
	the Hospital hin 24 hours the Funeral upletely filled	edicai (	29a. Certifier (Check only one) Certifying Physic 2 Medical Examina	len: To the best or r: On the basis of and manner sta	examination an	, deeth occurred at the d/or investigation, in m	time, date and placa, y opinion, daath occur	and due to the red at the time,	cause(s) and me data and placa,	enner es sta and due to t	ited. the cause(s)
	within 2 To the comple	M	29b. Signature and title of certifier			29c. Lice	ense number		29d. Date signe	d (Month, D	iay, Year)
			blus 1. I	-au N	0	D:	33220		7/7/9	17	
	2		30. Name and eddress of person who com	pleted sause of de	eath (Item 23a)		JJAAU		110/		
	2		Betsy A. Fay, M		) Falls	_	altimore, l	Maryland	1 21211		

DHMH 16 Rev 6/95

State of Maryland / Department of Health and Mental Hygiene 3. Time of Courth

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Physician	_	Decedant's Name	a (First, Middla, La	st) Ever	ine		Ва	lser		M	ita of Death onth LU 1.	Day 1997	Year	3. Time of Death
/Medica Examine	_	4e. Facility Nama (II	f not institution, giv	a street and nur	mber)				4b. City, Town,			4c. County	of Death	V-97 1
		1745 Bro	ookview R	Road					Dun	dalk		Bala	imore	
Funeral Director		5. Social Security No. 213-09-38		ax □ м <b>2/СХ</b> F	7. Aga (In yrs	s. last birthde Yrs	Month	ar 1 Yaa s Days	r If Undar 24 H		ta of Birth onth, Day, 22,		9. Birthp	laca (Steta or Foreign try) LGÍNÍA
2		Usuai Rasidanca of												
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To D	0	Kelly SI	riflet						Minn	ie Mo	rris			
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Important: if item 27 any injury or other tr once.		4 Donation	☐ Cramation 3 ☐ 5 ☐ Othar (Specify	)   <del> </del>	Stata Go	rdens	Of For Duda	aith and Add Ruc Wis	Cem.  ress of Facility R Funera e Ave.	l Hon Dundo	197 B	Dundal	re, N	Maryland
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nMedical	i ninedical	Sequantially list con if any, leading to Im- causa. Enter Undar Cause (Disaasa or I that initiated avants rasulting In death) L	rlying Injury	c	Dua to (	or as e cons	sequanca of	):					1.2	+71
datached for		Pert II. Other signifi	cant conditions of	ontributing to da	ath but not ra	sulting in the	a underlying	causa g	ivan in Part I.	2		acco use co		the cause of death?
2 should be			-							24	ta. Was an perform	ad?	cor	ra autopsy findings allabla prior to npletion of cause death?
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Bector		25. Was casa rafarraxaminar?	ed to madical	A to a mit of				T _i a	26. Placa of D	aath (Che	ck only ona	)		
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Director: A in by the fertificati		3 ☐ Suicida 4 ☐ Homicida	6 Could not be datarmined	28a. Placa	of Injury - At h	homa, farm,	straat, facto	ory, office	1	28f. Lo	cation (Stre ty or Town,	eat and Numl Stata)	per or Rura	Route Number,

Toghe Hospital or Attending Physician: The law requires that the death ce with the Annual Section of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Continue of the Conti been signed by the attend should be datached for us Be Medical Certification: To d in by the

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28a. Placa of Injury - At homa, farm, straat, factory, offica building, atc. (Specify) 4 Homicida 1 Cartifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the best of examination and/or invastigation, in my opinion, deeth occurred at the time, date and place, end due to the cause(s) and manner stated. 29a. Cartifiar

29b. Signature end little of certifier

29c. License number

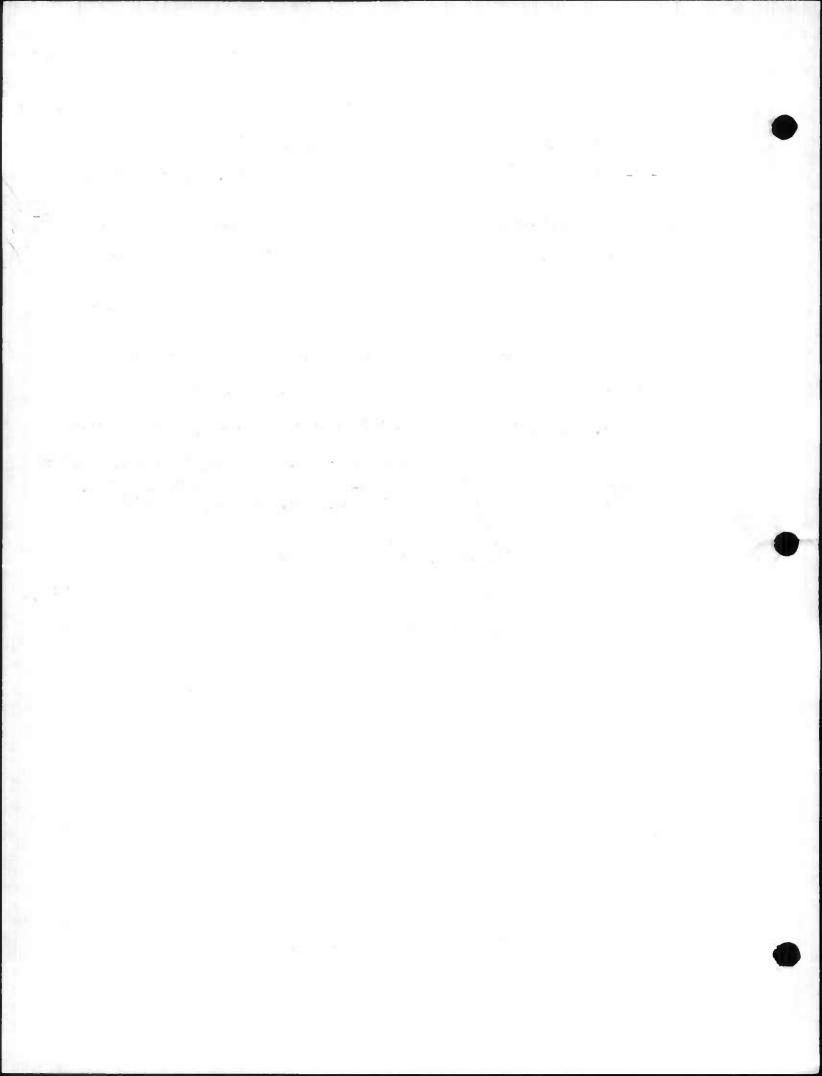
29d. Date signed (Month, Day, Year)

30. Nama and addrass of person who complated causa of death (Itam 23a) (Type, Print)

Blus BALT DAS

31. Data filed (Month, Day, Year) State JUL 071997 Registrar

32. Begistrar's Signatura



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death Van Physician Barlow William 1735 701. 1997 /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BACTIMORE MEDKAL CONTOR BAYVIEW If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Deys 217-54-4990 46 Director 08/03/1950 Maryland Usuel Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumstic event, the Medical Examiner must be notified at MD N/A Baltimore 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 8 3406 Noble Street 21224 U.S.A. 234 permit. Pages 1 and 2 should be filed within 72 hours after death vegeture of health and Mental Hydene. Important: if Item 27 is merked other than "natural", or items 23e any injury or other traumstic event, the second Funeral 12. Wes Decedent Ever in U,S Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, spacify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indien, Bleck, White, etc. White 1X Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: 1 Yes 2 No p 3 ☐ Widowed 4 ☐ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) Laborer City Government 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Joseph William Barlow Rose Boracka 19e. Informent's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Bernice Edelmann 3406 Noble Street Baltimore, Maryland 21224 20a. Method of Disposition

1 Durial 2 Cremation 3 Removal from State 20b. Place of Disposition (Name of cametery, crematory or other place) 20c. Location - City or Town, State 4 ☐ Donation 5 ☐ Other (Specify) Greenmount Crematory 7/4/97 Baltimore, Maryland 21. Signature of Funerel Service Licanses 22. Name and Address of Facility The Dippel Funeral Home Inc. 7110 Belair Road Baltimore, Maryland 21206 not enter the mode of dying, such as cardiac or respiretory errest, Approximate Intervel Between Onset and Death **Physician** /Medical Immediate Cause (Finel disease or condition resulting in death) Failure Acute Renal 12 hours Examiner Due to (or es e consequence of): Physician/Medical Examiner Rhabdomyelosis 36 hours Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Hyperthermia 48 hours Box 68760. 9 Due to (or as a consequenca of) 885 Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, P.O. 23b. Did tobacco use contribute to the cause of death? å 1 ☐ Yee 2 € No 3 □ Probably 4 □ Unknown Depression Completed by 24b. Were autopsy findings aveileble prior to completion of cause of death? 24a. Wes an autopsy performed? page 2 1 ¥ Yes 2 □ No 1 Yes 2 No of Vital Be 25. Was case referred to medical 26. Place of Death (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA 죑 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Division Affiar Attending 1 Netural 5 Pending 1 Yes 2 No investigation 2 Accident or Attend after death Director: 6 Could not be determined 3 ☐ Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide To the Hospital or within 24 hours at To the Funeral Di completely filled in edical 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the cause(s) and manner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and menner stated. 29a. Certifier (Check only one) 29b. Signeture end title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) medical House State 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Krop Lan JHBMC 4940 Eastern Ave Balt. HD

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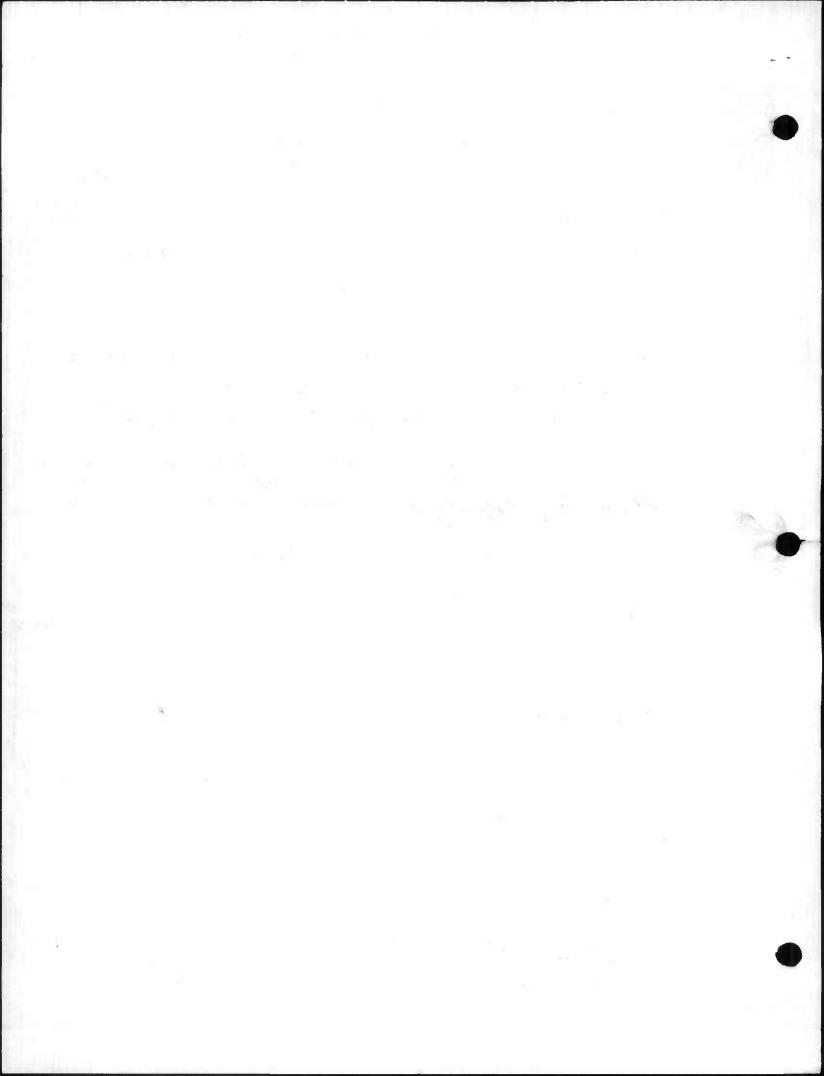
**DHMH 16 Rev 6/95** 

State

Registrar

31. Date filed (Month, Day, Year)

071997



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29c License number 29d Date signed (Month Day Year)	ne Hospita n 24 hours ne Funeral pletely filled	edical	(Check only 2 Medical Exa	minar: On the ba	asis of axamina	wledga, ition and	daath occuri or Invastigat	ed at tha tion, in my	tima, opln	data and ion, daat	d place, a	and dua to tha red at tha tima,	causa( data ar	s) and ma nd place,	nnaras s and dua te	tatad. o tha causa(s)

State Registrar

E. Hunter Wilson, Jr., M.D. 6701 N. Charles Street Towson, MD 21204

31. Data filed (Month, Day, Year)

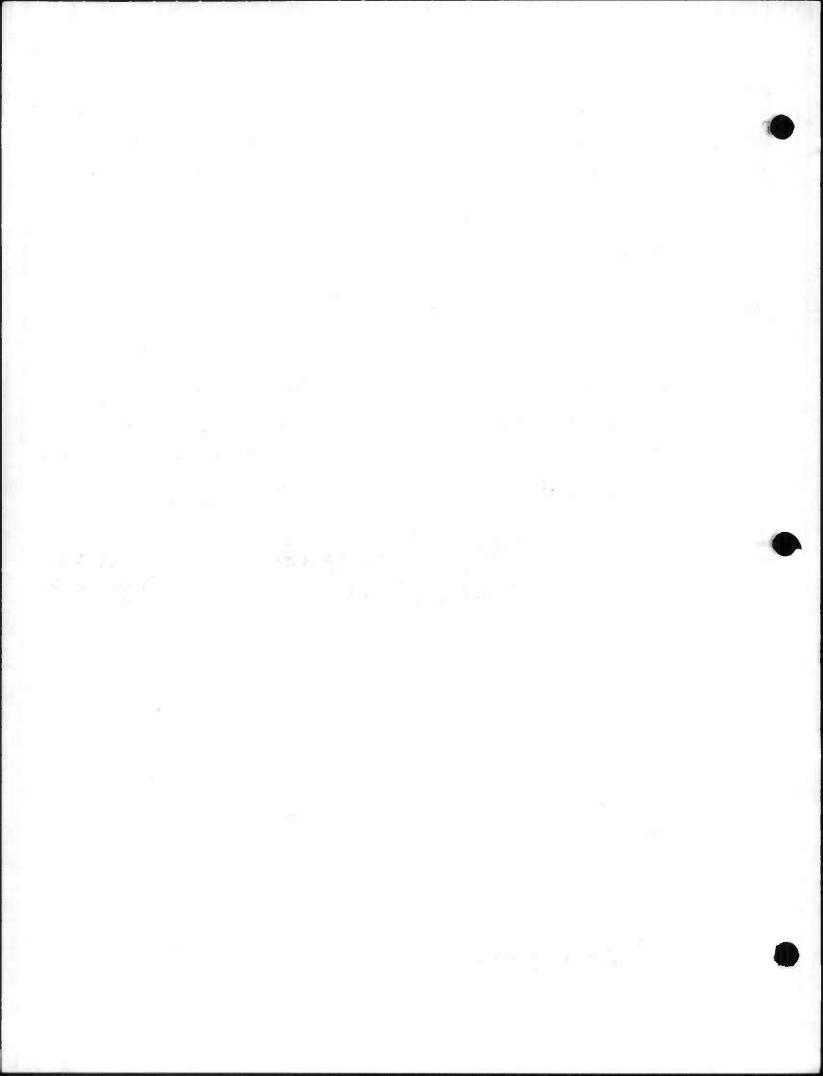
JUL 07 1997

And Survey Signature Street Towson, MD 21204

D 12487

July 5, 1997

ddrass of person who complated causa of daath (Itam 23a) (Type, Print)



State of Maryland / Department of Health and Mental Hygiene

3. Time of Death

10d. Inside City Limits

STATES

BLACK

1 X Yes 2 No

Certificate of Death

**Physician** /Medical **Examiner** 

1. Decedent's Name (First, Middle, Last)

DANIEL

CHERRY

2. Date of Death JULY 1,

Day 1997 Yeer 1332 PM

4e. Fecility Name (If not institution, give street and number) NORTH ARUNDEL HOSPITAL 4b. City, Town, or Location of Deeth GLEN BURNIE

4c. County of Deeth ANNE ARUNDEL

**Funeral** Director

terns 23s or 23s-f show her must be notified at

Baltimore, Maryland

Pages 1 and 2 should be ment of Health and Menta lant: If flem 27 is marked Jury or other traumatic av

**Physician** /Medical

**Examiner** 

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8

page 2 should Completed

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Be

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Certification:

Medical

The law requires that the death certificate be executed

P.O. Box 68760.

Records,

of Vital

Division

Hospital or Attending Physician:

After

To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After completely filled in by the fun

Director

Funeral

þ

Completed

Be

10

10a. State MD 10b. County

10c. City, Town or Location

UNK.

Yrs.

7. Age (In yrs. last birthday)

37

If Under 1 Year If Under 24 Hrs. Hours OCT.18,

8. Dete of Birth (Month, Day, Year) Birthplace (Stete or Foreign Country) 1959 RICHMOND, VA

214-74-8655 Usual Residence of Decedent

5. Social Security Number

n/a

X-XM 2□ F

BALTIMORE

10f. Zip Code

Deys

10g. Citizen of What Country?

UNITED

Specify:

10e. Street and Number 809 MANIGOLD 11. Marital Status

1 Never Married 2 Married 3 Widowed 4 Divorced

12. Was Decedent Ever in U,S. Armed Forcas? 1 ☑ Xes 2 □ No If Yes, Give Year or Dates:

STREET

 Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 ☐ No Specify:

21230

14. Race - American Indian, Black, White, etc.

15. Decedent's Education

(Specify only highest grede completed)

16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Elementary/Secondary (0-12) 12th

College (1-4or 5+)

DRIVER

Months

LIMOUSINE SERVICE

17. Father's Neme (First, Middle, Last)

JOHNNIE CHERRY 18. Mother's Name (First, Middle, Maiden Surname) NORELLA

19e. Informant's Name/Relationship (Type, Print)

HOWARD-sister 1010

19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code)

URSEL

20a. Method of Disposition

20b. Place of Disposition (Name of cemetery, crematory or other place)

ROAD, BALTIMORE, MD Dete 20c. Location - City or Town, State

Thurial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)

VOSHELL MEMORIAL 7-7-97 DUNDALK, MD

PANNELL

21. Signature of Funeral Service License

22. Name and Address of Fecility

CAMERON

WM. C. MARCH FH.-4300

WABASH AVENUE

Approximate Interval Between Onset and Death

Pen 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart a ure. List only one cause on each line. Immediate Cause (Final

disease or condition resulting in death)

Multiple Injuries

Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Couse (Disease or injury that initiated events resulting in death) Last Physician/Medical

Due to (or es a consequence of):

Due to (or as e consequenca of):

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

24a. Wes an autopsy performed?

24b. Were eutopsy findings evailable prior to completion of cause of death?

1 Yes 2 □ No

19 Yes 2□ No

examiner? 27. Manner of Deeth

1 Natural

2 Accident

3 Suicide

4 - Homicide

25. Was case referred to medical

5 Pending investigation 6 Could not be determined

Hospital: 1 | Inpatient | Properties | 1 | Inpatient | 2 | Properties | 3 | DOA 28a. Date of Injury (Month, Day Year) 7-1-97

28b. Time of Injury 12 52 M 28c. Injury at Work? 1 Yes 2 No 28d. Describe how injury occurred Oriver

Other: 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)

Ritchie

Fred object collision auro -28f. Location (Street end Number or Rural Route Number, City or Town, State)

29a. Certifier

Highway 1 Certifying Phyalcian: To the best of my knowledge, death occurred et the time, dete and place, and due to the ceuse(s) end menner as stated. Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and magnesistant.

26. Place of Death (Check only one)

29b. Signeture end title of cortifier

29c. License number O.C.M.E 29d. Date signed (Month, Day, Year) JULY 2, 1997

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

David Fowler 31. Date filed (Month, Day, Year)

111 Penn Street, Baltimore, Maryland 21201

State Registrar

071997

32. Redistrar's Signature Andelle

28e. Pleca of Injury - At home, farm, street, factory, office building, etc. (Specify)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

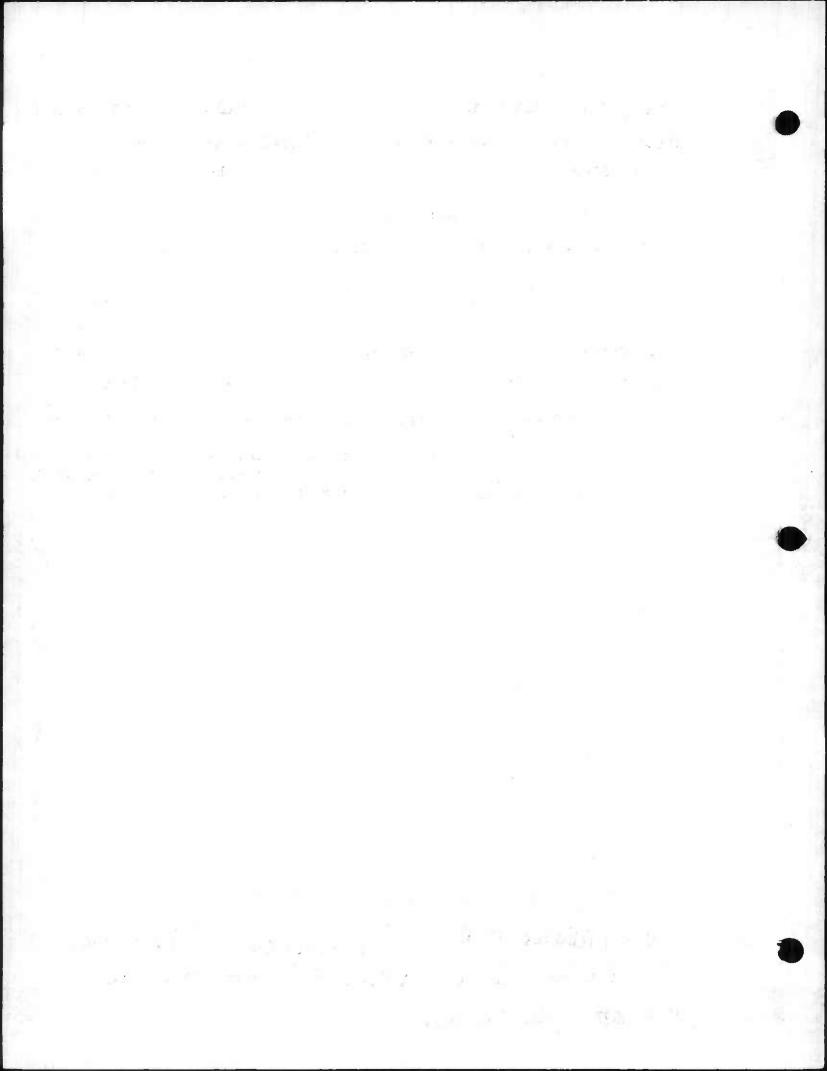
State of Maryland / Department of Health and Mental Hygiene

					,	Certif	icate of		ioinai iij	Reg. No.		
	Physic /Medi		Decedent's Neme (First, Middle, La     PAULIN				UNBE	FAM	2. Dete of De Month	Day 30	Yeer 1997	3. Time of Death
	Exami		4e. Fecility Neme (If not institution, giv THE JOHNS HOPKIN					4b. City, Town, or Lo BALTIMORE		h 4c. County	of Deeth	
	Funeral Director		220 00 7000	ex □ M 2□ F	Age (In yrs. le		Under 1 Year onths Deys		8. Dete of Bir (Month, Da 01-0	th ly, <i>Year)</i> 6-30	9. Birthple Counti	ece (State or Foreig Y) C
	Maryland f show	or	Usuel Residence of Decedent  10a. Stete 10b. County  MD NA			Town or Locati					10	d. Inside City Limits
	or 28a-	Funeral Director	10e. Street end Number				10f. Zip Code			10g. Citizen of	What Count	ry?
	ath w	rail	1912 Division					217		USA		
5-0020	72 hours after death with the Maryland nature!; or items 23s or 28s-f show real Exertines must be notified at	by	11. Maritei Status  1 □ Never Merried 2 □ Merried  3 ☑ Widowed 4 □ Divorced	12. Wes Decede Armed Force 1 Tyes 2 If Yes, Give Year or Dete	es? □ <b>X</b> o		Decedent of its, specify Cub	HispenIc OrigIn? (Spen, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)	Specif	ck, White, e	tc.
15-0	"naturel",	eted	15. Decedent's Ed (Specify only highest gra	lucation de completed)		16a. Decedent	's Usuel Occu d of work done	petion during most of work ed)	Ing	16b. Kind of B	usiness/Indu	ustry
2121	withir ane. then	Be Completed	Elementery/Secondery (0-12) 6th Grade	College (1-4 NA	or 5+)			Worker		Vari	ous w	orker
Maryland	be filed htal Hygi d other event, t	Be	17. Fether's Neme (First, Middle, Last)					18. Mother's Neme	(First, Middle		10)	
Tyle	should be nd Mental marked o	2	Ruth  19e. Informent's Neme/Relationship (		vensor		ddraec /Straa	Alice	el Pouto Numb	or City or Town	Wood	
	1 and 2 sho Health and em 27 ls m		Geanette Robi					nroe Str				
Baltimore,			20e. Method of Disposition	Removel from St	20b. Ple	ece of Disposition	on (Name of ory or other pla	ice)	Dete	20c. Location	City or Tow	m, Stete
tim	t. Partmentant:		4 ☐ Donetion 5 ☐ Other (Specification)	1)	We		-	Cem. 07-	-07-97	Cat	onsvi	lle, Md
Ba	Depariment Department of the police.		21. Signature of Funeral Service Licen	100			ame end Addr	Бс			-	nd 21202
H	_		23e. Pert1. Enter the diseese, or com shock, or heart feilure. List only	oficetions that cau	sed the doubt	NM not entered	I.C. M	arch FH	1101	E. Nor		Penue Approximete
i d	Physician											Intervel Between Onset end Deeth
	/Medical Examiner		Immediete Ceuse (Finel disease or condition resulting In deeth)	e1 :	ntra -	abdomi	al he	emortag	4		10	me day
L	D .=	ner			metro co	es e consequer	ice of):	hial car	accr			and little
	icata be executed physician and s the bunal-transit	Medical Examiner	Sequentially list conditions, if env. leading to immediate	b		es e consequen		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7.67			me of ar
68760,	sician buna	calE	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initiated events	c	Due to fee		A					
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	es that igned b	by P	end-stage	rena	disc	ase			10	Yes 2 No	3 Prob	ably 4 ☐ Unknow
Records,	aw requires been so 2 should	Completed t								en eutopsy omed?	evei	re eutopsy findings ileble prior to apletion of cause eeth?
E B	The ata h	Con							1)(	Yes 2□No	10	Yes 2 No
Vital	Physicien: The this certificata ral director, pag	Be c	25. Was case referred to medical exeminer?	Hospital:			Ot	26. Plece of Deetl				
of	Jing Ph J. After thi funeral	atlon: To	1 Yes 25 No  27. Menner of Deeth 1 Naturel 5 Pending 2 Accident investigation	28e. Dete of l		P/Outpetient 28b. Time of Injury	28c. Inju	4 Indising no		denca 6 ∐Oth how Injury occur		
Division	2442	Certification:	3 Suicide 6 Could not be determined	289. PIECE OF	Injury - At hor, etc. (Specify)	ne, ferm, street,	fectory, office		28f. Location ( City or To	Street and Numb wn, State)	er or Rural	Route Number,
	To the Hospital or within 24 hours afte NTo the Funerel Dir completally filled in	edical (	29a. Certifier (Check only one)	ysicien: To the be liner: On the basi end manner	s of examinetic	ledge, deeth oc on end/or invest	curred et the ti getion, In my	me, dete end pieca, opinion, death occurr	end due to the ed et the time,	cause(s) end modate and place,	enner es ste end due to	ited. the cause(s)
	To th within	Me	29b. Signeture end title of certifier				29c. Licen			29d. Date signe	d (Month, D	ley, Year)
	CL		Dordon Teu	y MEI	TCAL P	uter	R	ES-000		June 3	0, 19	97
			30. Name and address of person who GCRNCN LEUNG, TO	completed cause	of deeth (Item:	23e) (Type, Prin	i) Ens Hes	PITAL, 660	NONTH	WOLFE	STREET	BALTEMON 21287

Registrar

31. Dete filed (Month, Dev. Year)

							Ce	rtificate o	f Death			Reg. No.		
	Physic	ion	1. Decedent's Name		,	C .					2. Dete of De		Yeer	3. Time of Deeth
J	/Medi		HIPH	10750	Cra	十七					Tuly	5	1997	4.50 PM
	Exami		4e. Fecility Neme (If r	ot institution, giv	e street end nun	n <i>ber</i> )			4b. City, To	wn, or Loc	ation of Deet	-	unty of Death	1
			Mercy	Med	ical	cen	ter		Bo	1 ti	more		NA	
Т	Funeral		5. Sociel Security Nur			7. Age (In yrs	lest birthday)	If Undar 1 Yes		24 Hrs.			9. Birthp	placa (Stete or Foreign
	Director		231-68-	2790 1	<b>∑</b> M 2□ F	46	Yrs.	Months Dey	/s Hours	Min.	11-	th 34. Year) 34-50	Cour	V A
	P.		Usual Residence of D											
	show the	_	10e. Stete	Ob. County NA			ity, Town or Lo						1	0d. Inside City Limits
	a Me	cto	Ma	IVA		В	altimo	ore						1 □XYes 2 □ No
	or 20	Sire	10e. Street end Numb					10f. Zip Code					of Whet Cour	ntry?
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	- dae	Ine	11. Maritel Stalus		12. Wes Dece Armed For		J,S. 13.	Was Decedent o	f Hispenic Orl	gin? (Spec	ify Yes or No	o- 14.	Rece - Americ Black, White,	
50	or it	F	1 Never Married		XXYes If Yes Give	2 No		1□ Yes 2 N		, , , , , , , , , , , , , , , , , , , ,				
21215-0020	n 72 hours after death with the Maryland "natural", or items 23a or 28a-f show oddell Examiner must be revitted at	Q p	3 ☐Widowed 4		Yeer or Da	ates: Arm	У	100 201	о оробиу.			Spi	ecify: B]	lack
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121	filed within Hygiene. ther than "	Id m	Elamentary/Second	ary (0-12)	College (1	-4or 5+)	1/10.	DO NOT use reti	ired)					
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Maryland	2 8 8 8		19e. Informant's Nem					ng Address (Stre						
	1 end Health em 27		Doris	McC	ray				cersto	wn F				Maryland
0	Pages 1 nent of H int: If ite iry or ot		20e. Method of Dispos 1 🖾 Buriel 2 □ 0		Removel from 5		Plece of Dispo cemetery, crer	sition (Neme of matory or other p	lece)		Dete		on - City or To	
Ë	Pa men ant: ury		4 □ Donetion 5	Other (Specify	)	C	raft 1	Hodnett	Fam.	Cen	n. 07	-11-9	7 Chat	cham, VA
Baltimore,	permit. Pages 1 end Department of Health Important: if item 27 any injury or other to once.		21. Signature of Fupe	fal Service Licen	see / /	0	22	2. Nama and Add	dress of Facilit	у Ва	altimo	ore,	Maryla	and 21202
ш	ZOE # 9		1/4	mott	TK.C	AMO	WI WI	M.C.MAr	ch FE	110	)1 E.	Nort	h Aver	nue
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2	/Medical		Immediate Ceuse (Fir disaese or condition	nel		SP	haid							4 days
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ó	requires that the death certificate be executed seen signed by the attanding physician end should be datached for use as the burial-transit		Sequentielly list condification, leading to immiceuse. Enter Underly Ceuse (Diseasa or injusted initiated events)	ediete				,						4
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Вох	leath certifica attanding pt d for use es t				d								-	
	deat de att	Physician/	Pert II. Other significa	nt conditions co	ntributing to dea	ath but not ras	uiting in the u	nderiving cause of	given in Pert I.		23b. Dld	tobacco use	contribute to	the cause of death?
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	es tha igned be dal	by 6	1/4	mal	TNO	2M7-1-	ine	NCY						, ,
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ta		Bec	25. Wes case referred	to medical					26 Place	of Dooth /	Check only	10		765 200110
>	Physician: this certific rai director,	0	examiner? 1 ☐ Yes 2 No		Hospitel: 1 29km	patient 2	ER/Outpetien	t 3DDOA	Wher	-			Other (Specify	a)
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Division	or Attending I after death. Director: After In by the funer	flea	3 🗀 Sulcida	6 Could not be determined	28e. Place o	of Injury - At h	ome, ferm, str	eet, factory, offic	0	28	If. Location (	Street end No	umber or Rura	I Route Number,
Ö	Dir din t	Certification:	4 Homicide	dotominod	buildin	g, etc. (Specil	(y)				City or To	wn, State)		
	Hospital 24 hours Funeral tely filled		29e. Certifier 1	Certifying Phy	sician: To the b	est of my kno	wledge, deeth	occurred et the	time, dete and	plece en	d due to the	cause(s) and	menner es st	ated
	To the Hospital or Atta within 24 hours after de To the Funeral Directo completely filled in by the	edical	(Check only 25	Medical Exam	iner: On the bes	sis of exemine	tion end/or Inv	estigetion, In my	opinion, deat	h occurred	et the time,	dete end pla	ce, end due to	the ceuse(s)
	To the within 2 To the comple	Me	29b. Signeture end title	e of certifier		- 0		29c. Lice	nse number			29d. Data si	gned (Month, i	Dey, Year)
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DH	AH 16 Rev 6/9	5	201 01 13	3/	Julia Davi	doon-Ran	delle							
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Date of Deeth ALBERT Month Ulu 0710 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Death Gilchrist Center Towson Baltimore 5. Sociel Security Number 6. Sex 12 M 2 □ F If Under 1 Year If Under 24 Hrs. 8. Dete of Birth (Month, Dey, Year) 7. Age (In yrs. lest birthday) Birthplece (State or Foraign Country) Deys Yrs. 212-03-1928 88 MAR 28, 1909 Maryland Usuel Residence of Decedant 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 No Ellicott City Howard 10e. Street end Number 10f. Zip Code 10g, Citizen of Whet Country? 9113 Dunloggin Road 21042-5207 USA 12. Wes Decedent Ever in U.S. Armed Forces? 1 ☐ Yes 2 D No If Yes, Give Yeer or Dates: 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 Never Married Merrled 1 ☐ Yes 2 No Specify: Specify. 3 ☐ Widowed 4 ☐ Divorced White 15. Decedent's Education (Specify only highest grede completed) 16a. Decedant's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Business Owner Candy Store 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Mitchell Cyford Clara E. Hummel 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) 9113 Dunloggin Road Ellicott City, MD 21042-5207

Dete | 20c. Location - City or Town, Stete Ruth Virginia Cyford/wife 20e. Method of Disposition

1 □ Burlel 2 □ Cremetion 3 □ Removal from State 20b. Pleca of Disposition (Neme of cemetery, cremetory or other place) Loudon Park Cemetery 7/7/97 4 ☐ Donetion 5 ☐ Other (Specify) Baltimore, MD 21. Signetura of Pineral Service Licenses 22. Name end Address of Fecility MacNabb Funeral Home, P.A. George E. MacNabb 301 Frederick Road Ba1

23a. Part1. Entar the diseasa, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. 301 Frederick Road Baltimore, MD 21228 Approximate Interval Between Onset end Deeth Immediate Ceuse (Finel disaasa or condition resulting in daath) CONGESTIVE HCART FACURE ITEWO! Sequentielly list conditions, if eny, leeding to immediata cause. Enter Underlying Causa (Diseese or Injury that initieted events resulting in death) Last Due to (or es e consequance of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown FAILURE 24b. Were eutopsy findings eveileble prior to completion of cause of death? 24e. Wes en eutopsy performed? 1 ☐ Yes 2 ☐ No 25. Was case referred to madical 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence Beother (Specify) HOPICE 1 | Yes 2 | → 16 1 ☐ Inpatient 2 ☐ ER/Outpetiant 3 ☐ DOA 28e. Dete of Injury (Month, Day Year) 27. Manner of Deeth 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? 5 Panding investigation 1 Yas 2 No 6 Could not be determined 28f. Location (Street end Number or Rural Route Number, City or Town, Stata) 28e. Plece of Injury - At homa, farm, street, factory, offica building, etc. (Specify) 1 Certifying Phyelcian: To the best of my knowledge, deeth occurred et the time, date end placa, end due to the cause(s) and mannar as steted.

| Madical Examiner: On the basis of examinetion end/or invastigation, in my opinion, deeth occurred et tha time, data end placa, end dua to the cause(s) and manner stated. 29b. Signetura end title of cartifier 29c. License number 29d. Dete signed (Month, Day, Year)

7 is marked other than "naturel", or items 23s or 28s-f show traumstic event, the Medical Examiner must be notified at filed within 72 hours after Hygiene. Baltimore, Maryland 21215-0020 "naturel", or permit. Pages I and 2 should be filed withit Department of Health and Mental Hygiene. Important: If Item 27 is marked other than eny injury or other traumetic.

**Physician** 

/Medical

Examiner

Director

Funeral

P

Completed

Be

10e Stete

Maryland

**Funeral** 

Director

the Maryland

requires that the death certificate be exec physician a the burial Box 68760 Physician/Medicai Nvision of Vital Records, P.O. à Completed Attending Physician: Be 2 After this Medical Certification: death. rector: /

**Physician** /Medical

Examiner

State Registrar

1 Neturel

2 Accident

4 ☐ Homicida

1401

31. Dete filed (Month, Day, Year)

30. Name and eddrass of parson who complated cause of daeth (Item 23a) (Type, Print)

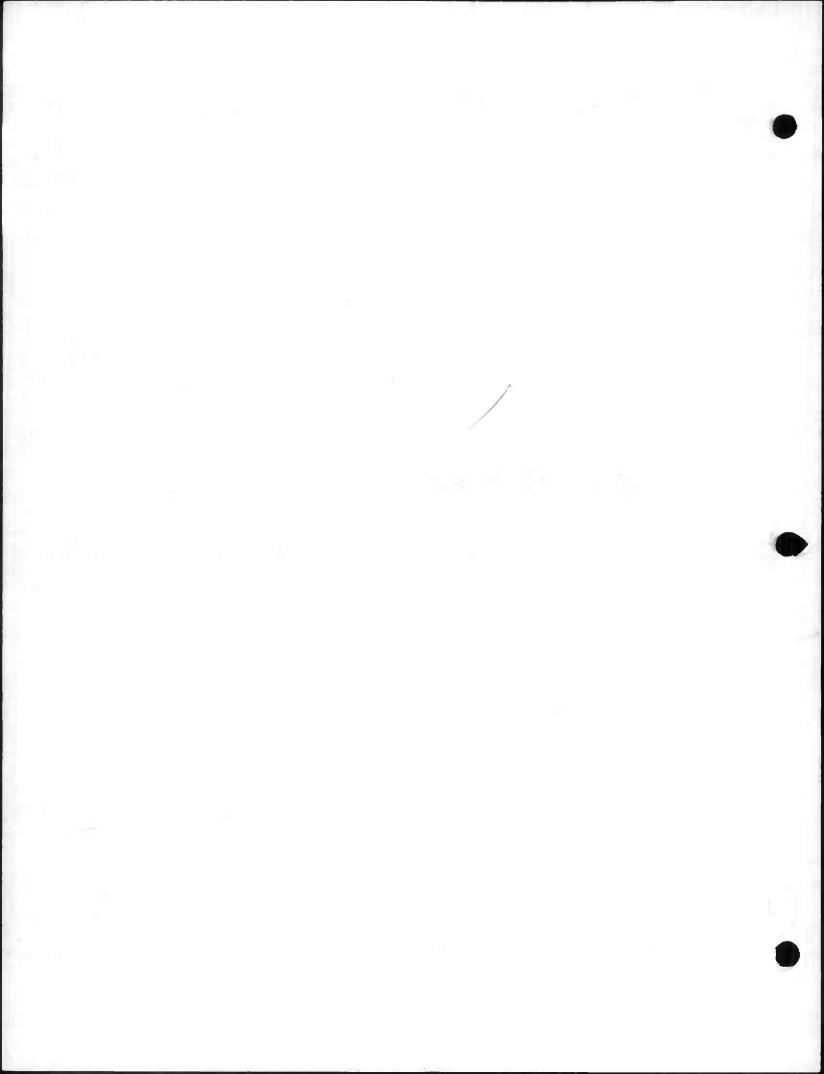
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32. Registrer's Signeture

Julia Tavidson Pando

3 Suicide

29a. Certifier

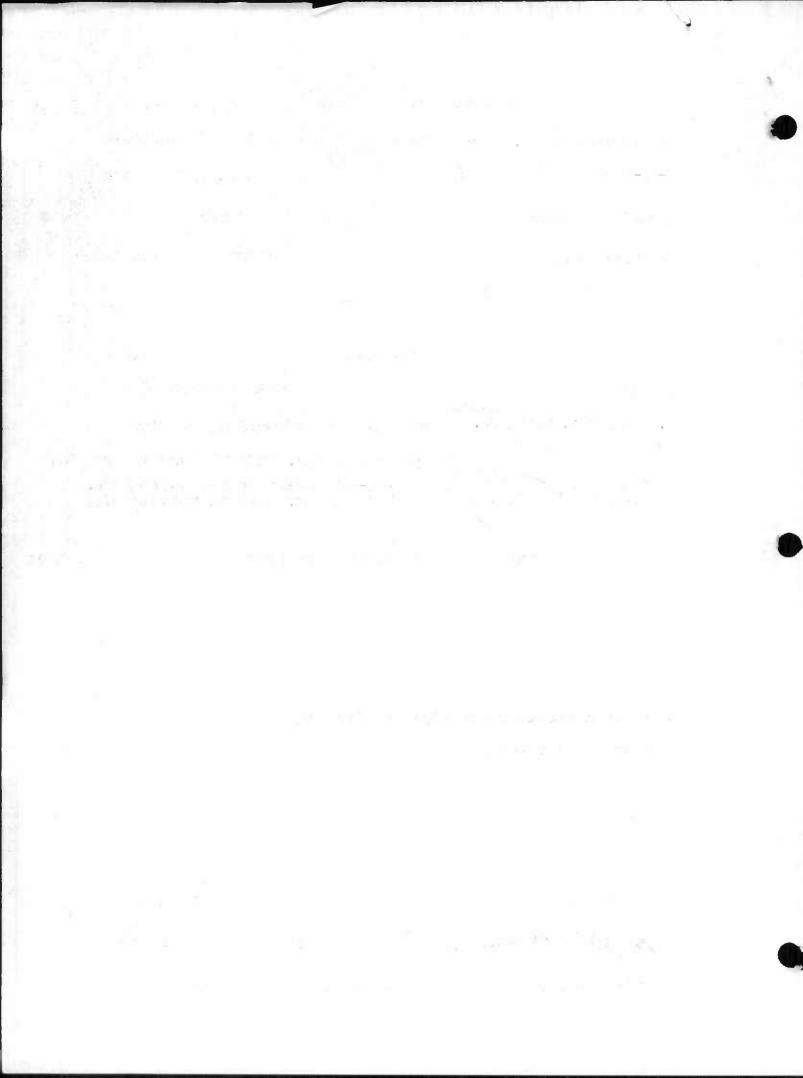


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle Last) 2. Dete of Deeth 3. Time of Death **Physician** Amelia Month Crass Margaret July 1, 1997 2:05 PM /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Meridian Nursing Ctr. Franklin Woods Rossville Baltimore. Hours Min. 8. Date of Birth (Month, Dey, Ye. Aug. 5, 1 5. Sociei Security Number If Under 1 Year 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** Months Days 1 □ M 2 10 F 73 Director 218-14-7035 Maryland Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examiner name be notified at Baltimore Dundalk 1 ☐ Yes 2 No Director Maryland 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21222 United States 1956 Stanhope Road Funerai 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever In U,S. Armed Forces? 14. Race - American Indian, Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiane. Important: if Item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Exercises 200.08. 1 Never Married 2 Married 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2/☐(No Specify: g Specify: 3 ☐ Widowed 4 ☐ Divorced White. Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) Own Home 8 Years Homemaker 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Theresa Buchkowski Frank Piechocki 19a. Informant's Name/Relationship (Type, Print) Husband 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Mr. Clifford W. Crass, Sr. 1956 Stanhope Road Dundalk, MD 20a. Method of Disposition
1 ☑ Burial 2 ☑ Cremation 3 ☑ Removal from State 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Date Bel Air Memorial Gdns. 7/5/1997 Bel Air. Maryland 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Pureral Service Lice 23. Name and Address of Facility Duda-Ruck Funeral Home of Dundalk. Inc. 7922 Wise Ave. Dundalk, Maryland Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, abock, or heart failure. List only one cause on each one. Onset and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in deeth) SMALL CELL CARCINOMA LEFT LUNG 1 Year Examiner Due to (or as a consequence of) -transit The law requires that the death certificata be axecuted Sequentielly list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Due to (or as e consequence of): attending physician a for usa as the burial-Records, P.O. Box 68760, Physician/Medicai Due to (or es e consequenca of) 100 Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contributs to the cause of death? signed by I 1 X Yee 2 □ No 3 Probably 4 Unknown Arteriosclerotic Heart Disease with Old by 24b. Were autopsy findings available prior to 24a. Was an autopsy Completed Myocardial Infarction completion of cause of death? 2 No 1 ☐ Yes 1 ☐ Yes 2 ☐ No certificate of Vital 25. Was case referred to medical Be 26. Place of Deeth (Check only one) examiner? Hospital: Other: 4♥ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) Certification: To 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Menner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Describe how Injury occurred 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No Investigation 2 Accident 3 Sulcide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homiclde 24 hours Funaral Certifying Phyalcian: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) end menner as stated.
 □ Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and dua to the cause(a) and manner stated. Medicai 29e. Certifier To the Within 2 To the F 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) D17728 7/2/97 - M.D. O 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Ba Yin Oung, M.D. 8022 Belair Rd. Baltimore, MD 21236 32 Registrar's Symples 31. Date filed (Month, Day, Year) State

**DHMH 16 Rav 6/95** 

Registrar

0 7 1997



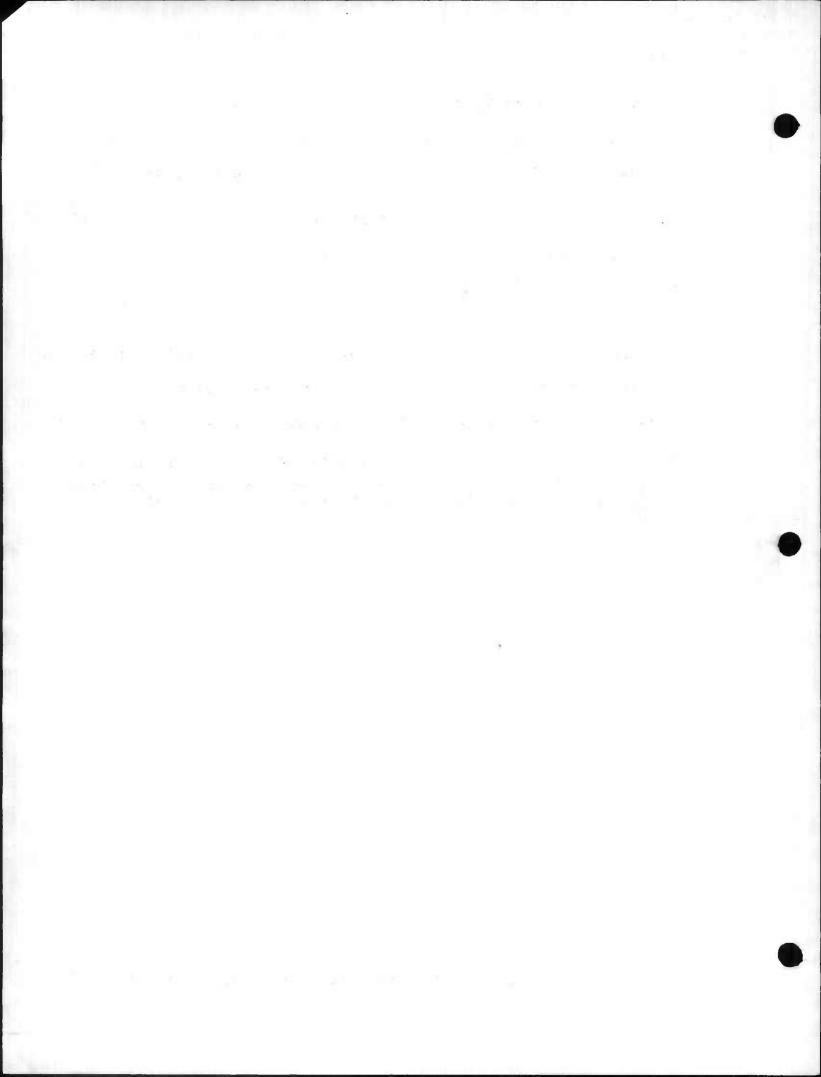
CHARLES C. BROWN State of Maryland / Department of Health and Mental Hygiene Certificate of Death Items: 23a part I,27,28a-f per MEO G-749 7/23/97 dh 1. Decedant's Nama (First, Middla, Last) 2. Data of Oeath Month Oay **Physician** Yaar Charles Е. Carroll, Jr. 3, 1997 JULY 0815AM /Medical 4a. Facility Nama (If not institution, giva street and number) 4h City Town or Location of Death 4c. County of Death Examiner BALTIMORE
If Undar 24 Hrs. 8. Qate of Birth
(Month, Day, Year)
(Month, Day, Year)
(Month, Day, Year) n/a 608 CUMBERLANS STREET - REAR ALLEY 7. Aga (In yrs. last birthday) If Undar 1 Yaar 5. Social Security Number 9. Birthplaca (Stata or Foraign **Funeral** XXI 2 F Days Yrs. 217-66-5138 38 Director MD Usual Rasidance of Dacedant the Maryland 10a. Stata 10b. County 10c. City, Town or Location th end Mental Hygiene. 7 is marked other than "naturel", or items 23e or 28a-f show traumetic event, the Medical Exactinat must be notified at 10d. Insida City Limits Director TX DY as 2 No MD Baltimore 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? death with 608 **Cumberland** St. 21217 Funeral USA 12. Was Decedant Evar in U,S. Armed Forcas? 1 ☐ Yas 2 ☐ 5 Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 11. Marital Status filed within 72 hours efter XX Navar Married 2 Married 21215-0020 1 ☐ Yas XX No Specify: Yas Give à Specify: Black 3 ☐ Widowed 4 ☐ Oivorced Completed 15. Decedent's Education 16a. Decedant's Usual Occupation 16b. Kind of Business/Industry (Giva kind of work dona during most of working lifa. DO NOT usa ratirad) (Specify only highast grada complated) Elemantary/Secondary (0-12) College (1-4or 5+) Meat. Cutter 11th Lafayette Market Baltimore, Maryland 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Be Pages 1 and 2 should be nent of Heelth and Mental Charles Carroll, Sr. Sylvia Smith 19a. Informant's Name/Ralationship (Typa, Print) 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Code) Heelth e Florence Smith/grandmother 1109 N. Calhoun St. Balto., MD or other ! 20b. Place of Disposition (Nama of cematary, crematory or other place) 20a, Mathod of Disposition Data 20c. Location - City or Town, Stata Burial 2 Cramation 3 Ramoval from Stata permit. Page Depertment of Important: If any Injury or 4 ☐ Donation 5 ☐ Othar (Specify) Arbutus Memorial Pk 7/9 Baltimore, MD James A. Morton & Sons Funeral Home 21. Signature of Funeral Service Light 1701 Laurens St. Balto., MD Hater the disease, or complications that deused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, if heart failure. List only one cause on each line. Approximata Intarval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final ACUTE ETHANOL, COCAINE AND NARCOTIC INTOXICATION disaasa or condition rasulting in daath) Examiner Dua to (or as a consaquance of): Examiner Sequentially list conditions, if any, laading to Immadiata causa. Enter Underlying Causa (Disaasa or Injury that Initiated avants rasulting in daath) Last Dua to (or as a consequence of) Box 68760. Physician/Medical Dua to (or as a consequence of): The law requires that the death Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. P.O. 23b. Dfd tobacco use contribute to the cause of deeth? signed by t 1 Ves 2 No 3 Probably 4 Unknown Records, by page 2 should 24b. Wara autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of causa of daath? 10 Yes 2 No Yes 2 No certificate Division of Vital or Attending Physician: 25. Was casa rafarred to medical Be 26. Place of Death (Chack only one) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatlant 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 that (Specify) ALLEY To XYas 2□ No this funeral 28a. Data of Injury (Month, Day Year) 28d. Dascribe how Injury occurred Certification: 27. Mannar of Death 28b. Tima of Α 28c. Injury at Work? After 1 Natural 5 Panding efter death. invastigation 1 Yas 2XXNo 2 Accident found: 7/3/97 found:8:00 the unknown 6 XXCould not ba datarmined 3 Sulcida 28a. Placa of Injury - At homa, farm, straat, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stata) rear of 608 Cumberland in by 4 - Homicida within 24 hours e To the Funeral C Pelli alley Baltimore, Maryland Hospital 1 Certifying Physicien: To tha best of my knowledga, daath occurred at tha tima, data and placa, and dua to tha causa(s) and mannar as stated.

**Medical Examiner: On tha basis of axamination and/or invastigation, in my opinion, daath occurred at tha tima, data and place, end dua to the causa(s) and mannar stated. 29a, Certifian Medical ş 29b. Signatura and titla of cartifian 29c. Licansa number 29d. Data signed (Month, Day, Year) 2 O.C.M.E JULY 3, 1997 30. Nama end addrass of person who completed causa of death (Itam 23a) (Type, Print)

T. Chuke p 111 Penn Street, Baltimore, Maryland 21201 7 se hadistrajskopunajandelle

State Registrar

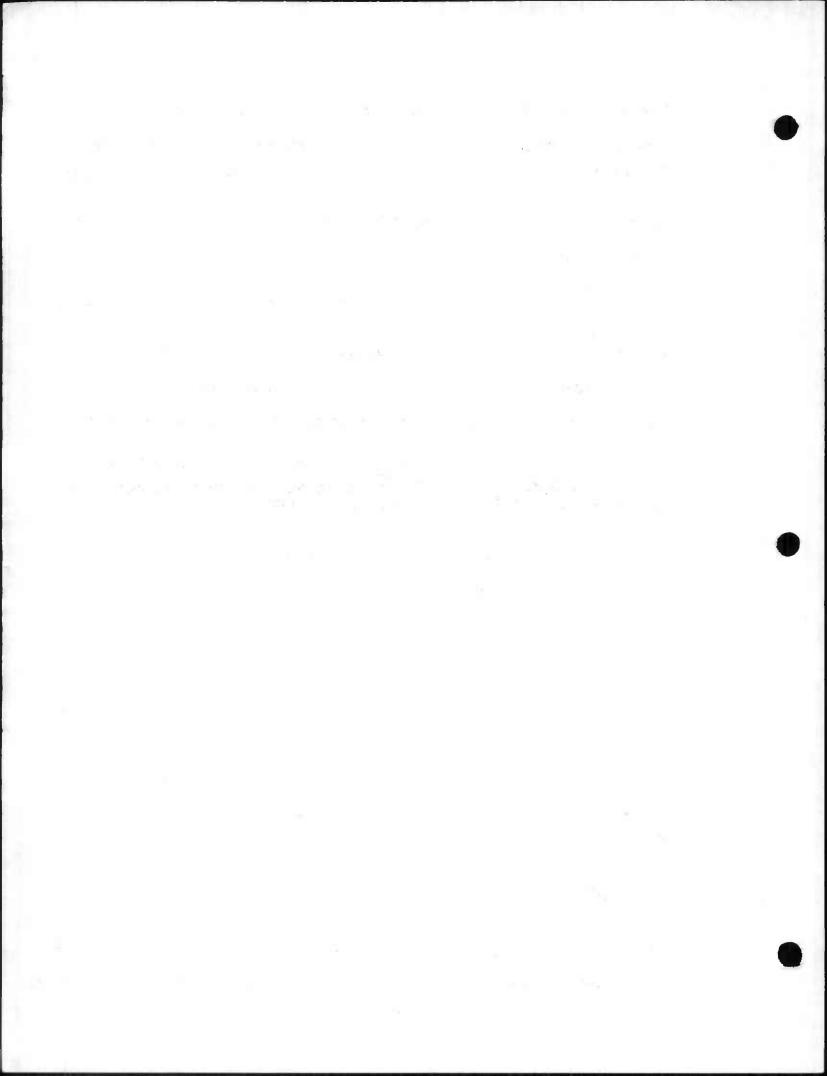
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State of Maryland / Department of Health and Mental Hygiene 97 20356

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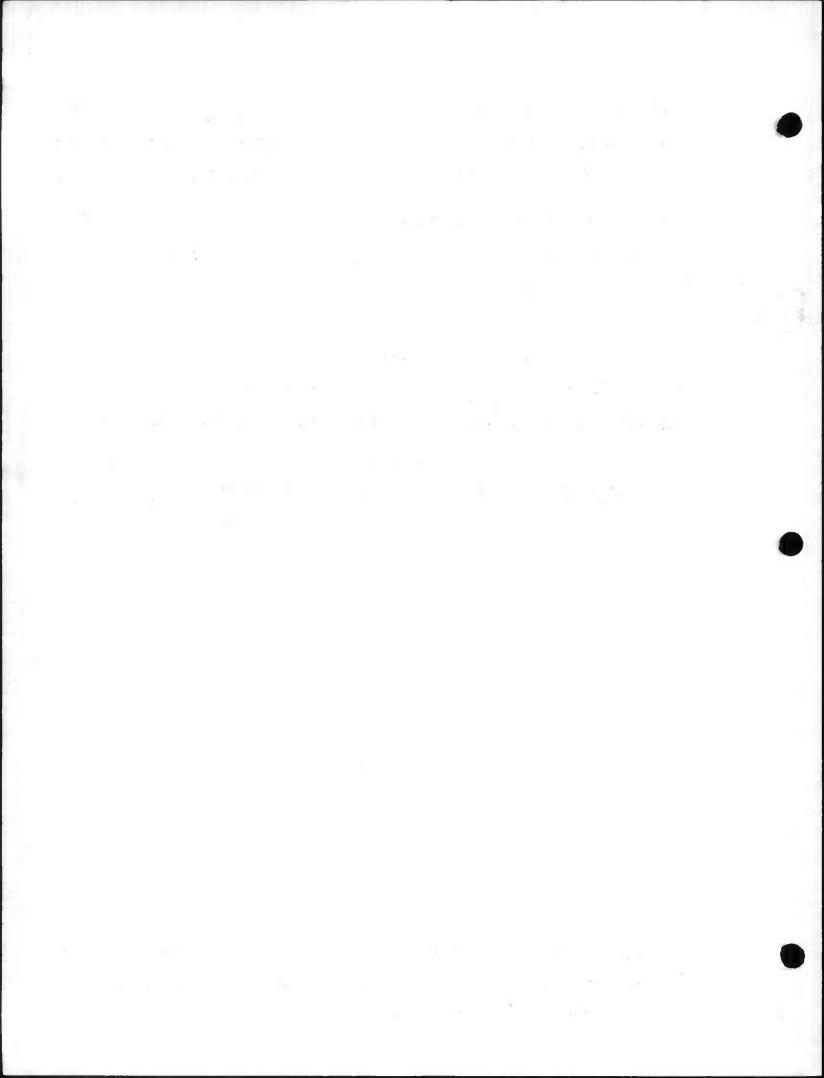
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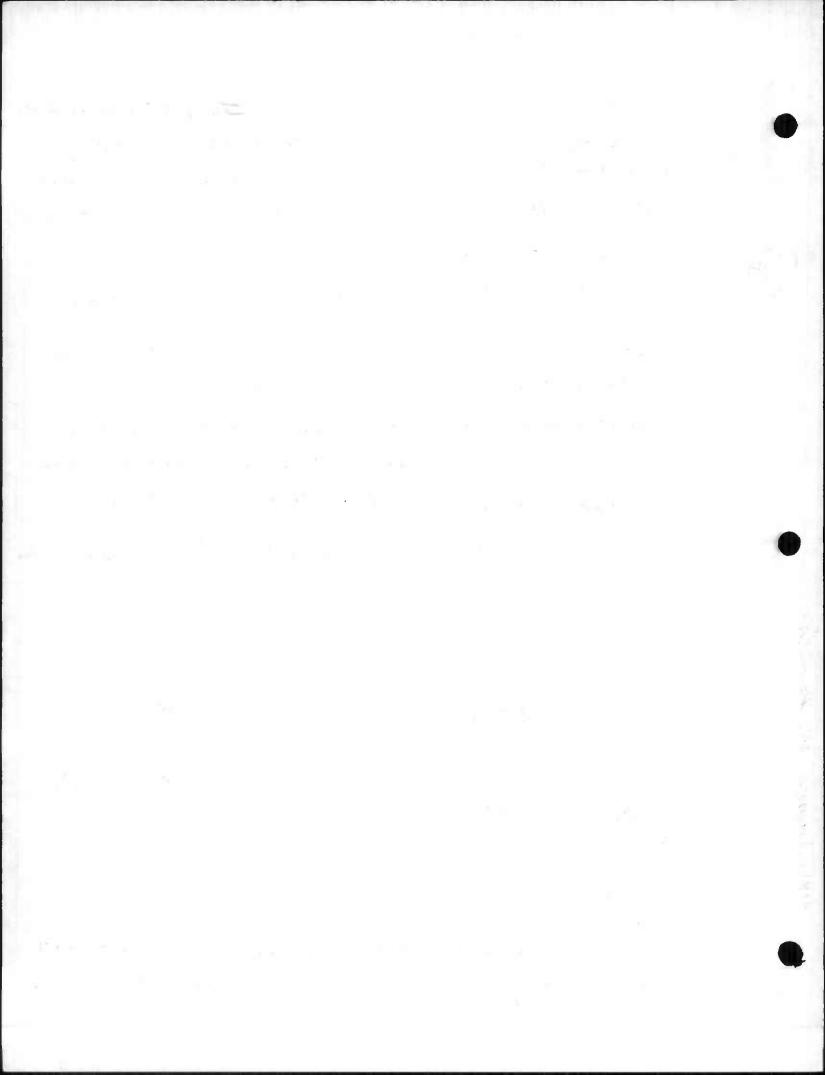


State of Maryland / Department of Health and Mental Hygiene 0.7

20358

				Cer	tificate of	Death		Reg. No.	, ,	20000
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le Maryte Ba-f sho offfied at	ţ	MD n	/a		E	BALTIMOR	E			1X Yes 2 No
	Director	10e. Street and Number			10f. Zip Code			10g. Citizen of	Whet Countr	ry?
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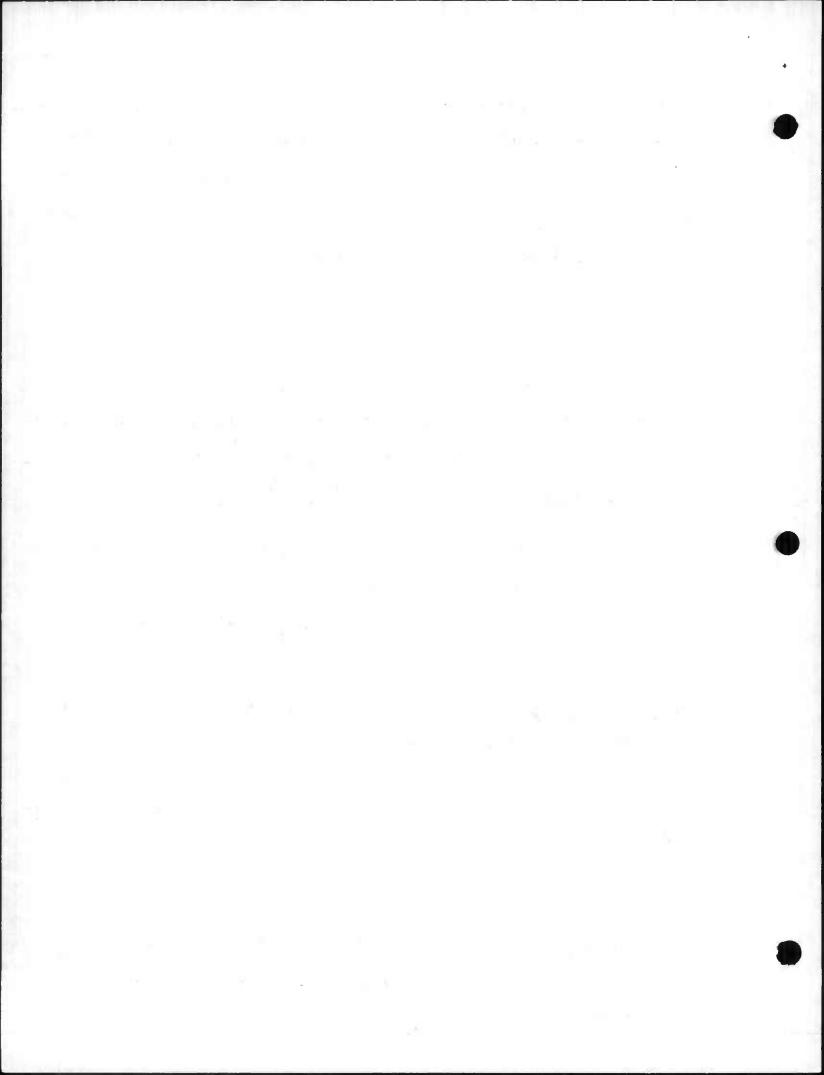


Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death **Physician** Month DAW Sort BETTY 30 /Medicai 4a. Fecility Name (If not Institution, give street end nymber) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** F Under 1 Year If Under 24 Hrs. MALYSIS UNTI MD BATI. 275-46 - 2007 9. Birthplace (State or Foreign Country)
EUCGIA 7. Age (In yrs. lest birthday) **Funeral** Days 1□M 20 F Director Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 THES 2 No Baltimore Baltinues Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? must be 5328 MAPLE AUGULE 238 USA 12. Was Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 14. Reca - American Indian, Bleck, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status the Medical Examiner 1 Never Married 2 Married b 1 ☐ Yes 2 ☐ No Specify: þ 3 ☐ Widowed 4 ☐ Divorced Black 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Private BusinESS Elementary/Secondary (0-12) College (1-4or 5+) NUISING 11th grade marked other 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) permit. Pages 1 and 2 should be filk Department of Health and Mental Hy Important: If them 27 is marked oth any injury or other traumetic event Annie Ruth Prole JUHN DAWSM 19a. Informent's Name/Relationship (Type, Pnnt) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) McHuriAl Porte 7/8/97

22. Name and Address Ar-Dunald 5328 Maple BALKINOIE, Ad 21215-20e. Method of Disposition 20b. Place of Disposition (Name of cemetery, cremetory or other place) Burial 2 Cremation 3 Removal from State Konpollstown, Red 4 ☐ Donation 5 ☐ Other (Specify) 22. Name and Address of Facility CHA TMM - HOMS 21. Signeture of Funeral Service Licensee 23a. Pagh. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart failure. List only one cause on each line. Approximate intervel Between Onset and Death **Physician** /Medical Immediate Cause (Final 40 ming. disease or condition resulting in death) Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last physician is the bunal Box 68760, Physician/Medical Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? Ham In Sypis 1 Yas 2 No 3 Probably 4 Unknown Records, 24b. Were autopsy findings evellable prior to completion of cause of death? Completed evene Cowis myspathy 24e. Wes en eutopsy performed? 1 ☐ Yes 2 No Division of Vital To the Hospital or Attending Physician: within 24 hours after death.

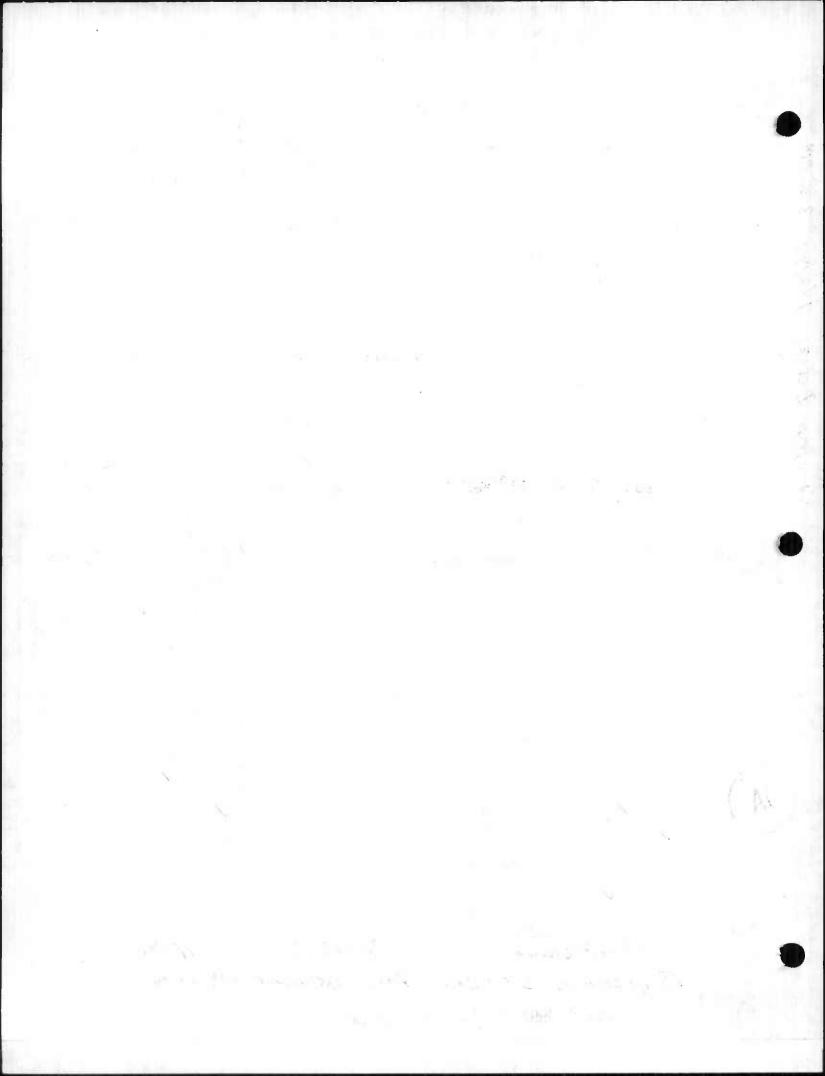
To the Funeral Director: After this certifica completely filled in by the funeral director, to 25. Was case referred to medical examiner? Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Hother (Specify) Urt 1 5 13 Hospitel: 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Manner of Death Natural 2 Accident 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred 5 Pending investigation 1 Yes 2 No 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 D Homicide 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.
2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) and manner stated. 29a. Certifier 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) M.D. 30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print) 2 HAMIC- W, SUITE 344, B BAII mone, MO 21210. 31. Dete filed (Month, Dey, Year) 32. Registrar's Signeture State

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State of Maryland / Department of Health and Mental Hygiene 97 20360

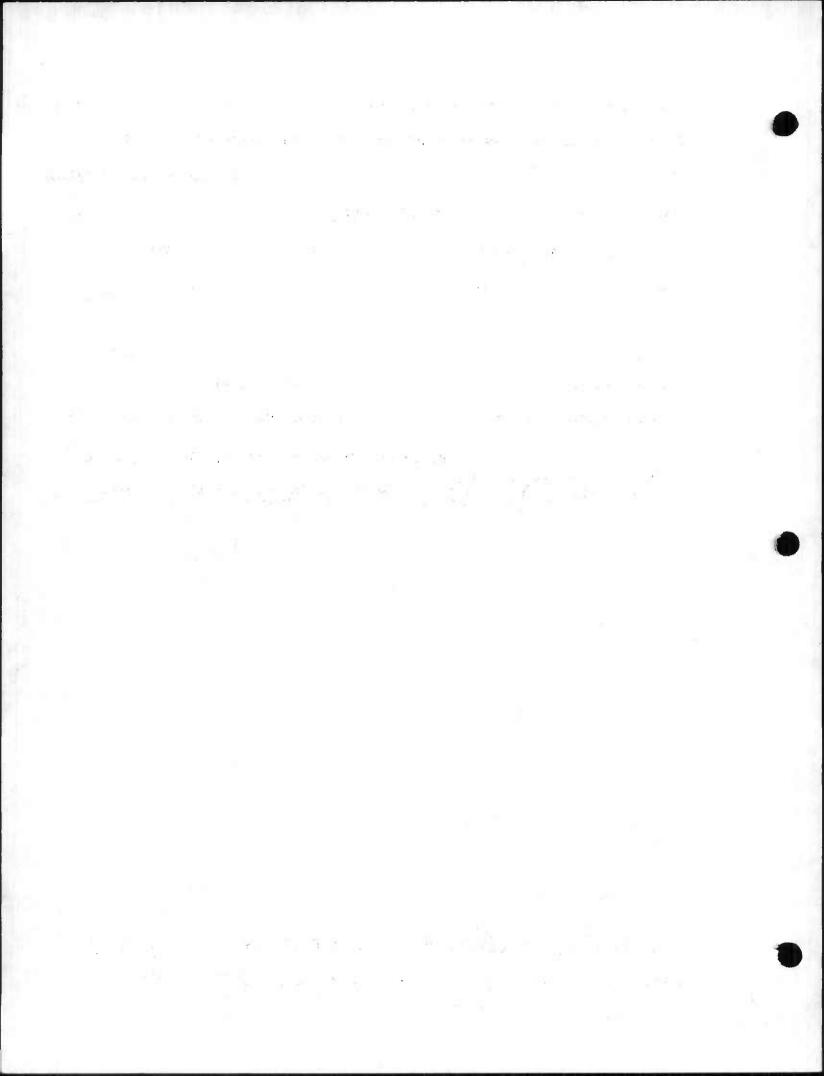
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Be	17. Father's Name (First, Middle, Last)							le, Meiden Sumer		
2	William Rus							ertrude		
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	20a. Method of Disposition	ID	20b. Placa	of Disposition (Ne	me of other plea	ce)	Dete	20c. Location	City or To	own, State
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	George E. I		the death. Do					altimor	e, I	1D 2122
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To E	examiner?	Hospital: 1 ☐ Inpatier	nt 2 ER/O	Outpatient 3 DC	Oth Oth	er: 4 Nursing	Home 5 Re	sidence 6 Oth	er (Specif	(v)
	27. Menner of Death	28e. Date of Injury (Month, Dey	v 28b		8c. Injun			e how Injury occur		
atio	1 Patural 5 ☐ Pending 2 ☐ Accident investigation		( oai )	Injury M		k? Yes 2 □ No				
flo	3 Suicide 6 Could not be	28f. Location	(Street end Numb	er or Rura	al Route Number,					
Certification:	4 Homicide	building, etc.	(Specify)	larm, street, fector			City or T	own, Stete)		700
	29a. Certifier 1 Certifying Phy	sician: To the best of	my knowleda	e, deeth occurred	at the tin	ne, dete end plac	ce, and due to th	e ceuse(s) end m	anner as s	teted.
edical	(Check only 2 Medical Exam	iner: On the basis of and menner stat	examination at	nd/or Investigation	In my o	pinion, deeth occ	curred at the time	, date end place,	and due to	the cause(s)
Me	29b. Signature and title of certifier			290	. Licens	e number		29d. Date signe	d (Month.	Day, Year)
	19 67	Carlo		7	200	672		, ,	7	
	20 Normand and	eme		7	200	1)		1/2/1		
	30. Name end address of person who c	ompleted cause of de	eth (Item 23a)	(Type, Print)	A	ALTINA	p, MA	21206		
	31. Date filed (Month, Dey, Yeer)			FUNT)	17	7-1100	, , , , ,	00		
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State of Maryland / Department of Health and Mental Hygiene

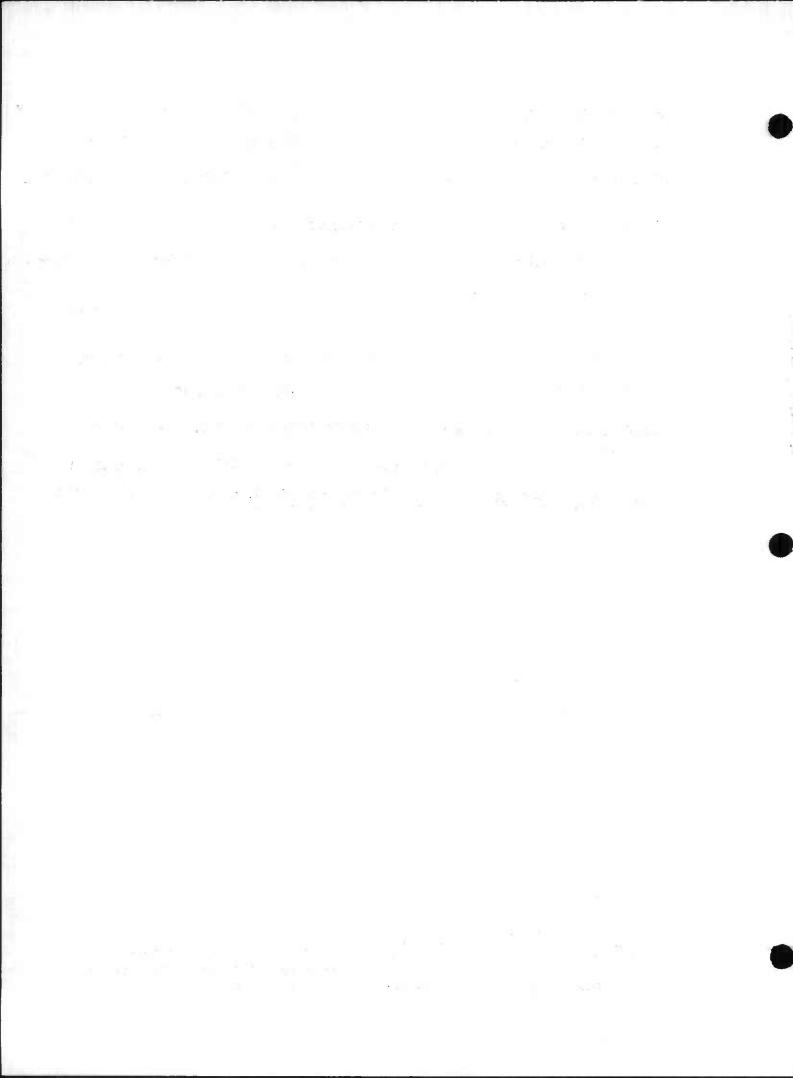
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		W-		1	Certificate o	f Death		Reg. No.	1 2000	, ,
	ician edicai	1. Decedent's Name (First, Middla, L.  Joseph Rol	pert Kinc	Ile Er	nory		2. Date of De Month		3. Tim of	6A
	miner	4a. Facility Name (If not institution, gi	va straat and number)			4b. City, Town, or L				
		Johns Hopkins				Baltim			N/A	
Fune: Direct	_	1/	Sex 7. Aga	(In yrs. last birti Y	rs. If Under 1 Year Months Day		8. Date of Bi (Month, Di June 3	th ay, Yaar) 80, 1997	9. Birthplaca (Stata o Country) Marylar	r Foralgri nd
puel wo		10a. State 10b. County		10c. City, Town	or Location				10d. Insida Ci	ity Limits
e Mery	ctor	Md N/A		Balt	imore City	7				2 □ No
23a or 2	Funeral Director	10e. Street and Number 2910 Sollers P	oint Road		10f. Zip Code	21222		10g. Citizan of V USA	Whet Country?	
5-0020 72 hours efter death with the Menylend naturel; or Items 23a or 28a-f show	by Fune	11. Marital Status  XXNever Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent E Armad Forces? 1 ☐ Yes 22000 If Yes, Give Yaar or Dates:		13. Was Decedent of If Yas, specify Cu	Hispanic Origin? (Spuban, Mexican, Puerto Specify:	ecify Yes or No Rican, etc.)	Specify	ce - American Indian, ck, White, etc. White	
	Completed	15. Decedent's E (Spacify only highast gr Elementary/Secondary (0-12)	ducetion ada complatad) Collega (1-4or 5-		Decedent's Usual Occ Giva kind of work don lifa. DO NOT usa ratii N/A	upation a during most of work red)	ing	16b. Kind of B	usiness/Industry	
Maryland 212. d 2 should be filed within then Mental Hygiene. 7 is marked other than traumatic event, pre. M.	To Be C	17. Father's Name (First, Middla, Last James Carl Emor	")				A. Kind	lle	na)	
th Maryla end 2 should saith end Men n 27 is marke er traumatic		19e. Informant's Name/Relationship Joyce A. Kindle /		19b. 291	Meiling Address (Street O Sollers	et and Numbar or Aur Point Roa	al Routa Numb d, Balt	er, City or Town, Cimore	State, Zip Code) MD 21222	
Baltimore, N permit. Pages 1 end Department of Health important: if Item 27 any injury or other tr		20a. Method of Disposition  1 Bunial 2 Cramation 3 C  4 Donation 5 Other (Speci		cem atary	Disposition (Nama of cramatory or other p. Mount Crer		Date 1y 7, 1		City or Town, State  1timore MD	
Baltimor permit. Pages Department of H Important: If Ite any Injury or of	SUC.	21. Signature of Funeral Service Lice		1	22. Name and Add Charles	rass of Facility L. Stevens	Funera	1 Home,		
-		23a. Pa II. Enter the diseasa, or com shock, or heart fallure. List only	plications that coused I	the death. Do no					aryland 212 Approximate Interval Bath	
Physicia /Medica Examine	al	tmmediete Cause (Fine) disease or condition				sfuncti			Onset and D	Death
	100	resulting in deeth)	Birt	Due to (or es a co	phsequence of):				33 h	CZ
, P.O. BOX 68760, that the death certificate be executed ed by the attending physician end detached for use as the buriel-transit	Medical Examiner	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury thet initiated events resulting in death) Last	. Abru	ue to (or es e co	ofp	lacenta			33 h	rs
death certile attending of for use	Physician/M	Part II. Other significant conditions of	d	not resulting in	he underlying cause o	inven in Part I	22h Did	Johacca usa ca	ntributa to the cause o	of cleants to
IS, P.O. es thet the de igned by the ibe detached	by Phys		ilure	not resulting in	ne underlying cause (	jiven in Part I.		Yes 2 No	3 Probably 4	
aw requir	Completed b						24a. Was	en eutopsy ormed?	24b. Were autopsy fi available prior to complation of co of death?	0
	Son						10	Yes No	1 Tas 2	No
Of Vital   Physician: Th this certificate rai director, pa	Be	25. Was case refarred to medical axaminer?	Manada N			26. Place of Deetl	h (Check only	ona)		-
of this aldi	12	1 ☐ Yes 2 ☐ No 27. Magner of Deeth	Hospital: Inpatien		atient 3L DOA			dence 6 □Oth		
Affer fune	cation	1 Netural 5 Pending Investigation			ury W	ury at ork? ☐ Yes 2 ☐ No	28a. Describe	how Injury occuri	red	
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DIVISION  To the Hospital or Attend within 24 hours effer deatl  To the Funeral Director: completely filled in by the	edical (	29a. Certifier (Check only one) 1 Certifying Ph	ysician: To the best of ninar: On the besis of e and manner state	examination and/	death occurred at the or investigation, in my	time, dete and place, opinion, daath occurr	and due to the ed at the time,	cause(s) and ma date and place,	inner as stated. end due to the cause(s)	)
To the Within 2 To the comple	×	29b. Signature and title of certifier  May P L	Cornella	amo	29c. Licar	D 33 67	4	29d. Data signad	d (Month, Day, Year) 2   97	
A)		May PL  30. Nama and eddress of person who  May PL60 me	completed cause of dea	entis (	ype, Print) + Sewell	NJE	08080	-3229		
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State of Maryland / Department of Health and Mental Hygiene 97 20362

						Cer	tificate	of	Death			Reg. No	0.	•	La O	002
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	/weak Examir		4a. Fecility Name (If not institution, giva						4b. City, Town	, or Loca		-1-	. County	of Death		100,111
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yland	M W		10a. Stete 10b. County		10c. Cify, Tov	vn or Lo	cation							1	10d. Insid	da City Limits
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5	or 28	Director	10e. Street end Number				10f. Zip C					10g. Ci	tizan of V	Vhet Cou	ntry?	
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dea	E E	Funeral	11. Maritei Stetus	12. Wes Decedent E Armed Forces?	Ever in U,S.	13. V			lispanic Origin an, Mexican, P	? (Specif	y Yas or No	-		e - Amarie k, Whita,		ın,
ING 21215-0020 be filed within 72 hours after death with the Manyland tal Hygiene.	r than "natural", or items 23s or 28s-f show the Medical Examinar must be notified at	by	1 Never Merried 2 Married 3 Widowed 4 Divorced	1 ☐ Yas 2 ☑ N If Yes, Give Yeer or Detes:	No		Yes 2			dano in	, ato.,		Specify			
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- 22	N to		HOMERO ERASO	HUSE	SAND 3	3834	MONTE	CRE	Y ROAD	BAI	TIMOR	E, 1	MD 2	21218	3	
Baltimore,	item 2 other		20a. Method of Disposition		20b. Plece o	of Dispos	sition (Neme	of ar ple	ce)		Dete		ocation -	City or To	own, Ste	te
Pages nent of	Tr. H		1 ☐ Buriel 2 ☐ Cremation 3 ☐ F 4 ☐ Donation 5 ☐ Other (Specify)				EMATOR			7/8	5/97	CA	IONS	/TI.I.F	E. MI	0
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Phys	sician	0.3	23a. Pert1. Enter the disease, or comp shock, or heart feilura. List only o	ne ceuse on aech lin	16.			,						1	Interva	Between and Death
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	10		30. Name and eddress of person who co	ompleted cause of de	eeth (item 23e)	(Type I			eater B	al+i	mone					
	V		Beth R. Schwartz M		N. Cha								ισαι	oent	'C1	
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		Usual Residence	of Decedent		01							1 2303	I TOLL	yland
show 1 st		10a. State	10b. County		10c. City	, Town or L								10d. Inside City Li
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perint. Teges I and 2 should be itself within 72 hours after beart with the maryland perint in 10 Health and Mentel Hygiane. Important: if item 27 is marked other than "natural", or items 23e or 28a-f show any injury or other traumatic event, the Madical Examiner must be notified at 00ce.	by Funeral		rried <b>(XX</b> Marrie	Armed F	2 <b>)</b> No		Was Decedent If Yas, specify 1 ☐ Yes 2	Cuban, I	anlc Orlgin? Mexicen, Pu Specify:	(Speci uerto Ri	ify Yas or No cen, atc.)	Bia	ce - Ameri ack, White	
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A hours after death.  Funeral Director: After this certificata has been signed by the attending physician and hely filled in by the funeral director, page 2 should be detached for use as the burial-transit	Medical Certification: To Be Completed by Physician/Medical	resulting in death)  Sequentially list c if any, leading to i ceuse. Enter Unc Cause (Dissass or that initiated even resulting in death)  Part II. Other sign  25. Was case refe examiner?  1 Yes 2.  27. Manper of Dee 1 Natural 2 Accident 3 Suicida 4 Homicide  29a. Certifier (Check only one)  29b. 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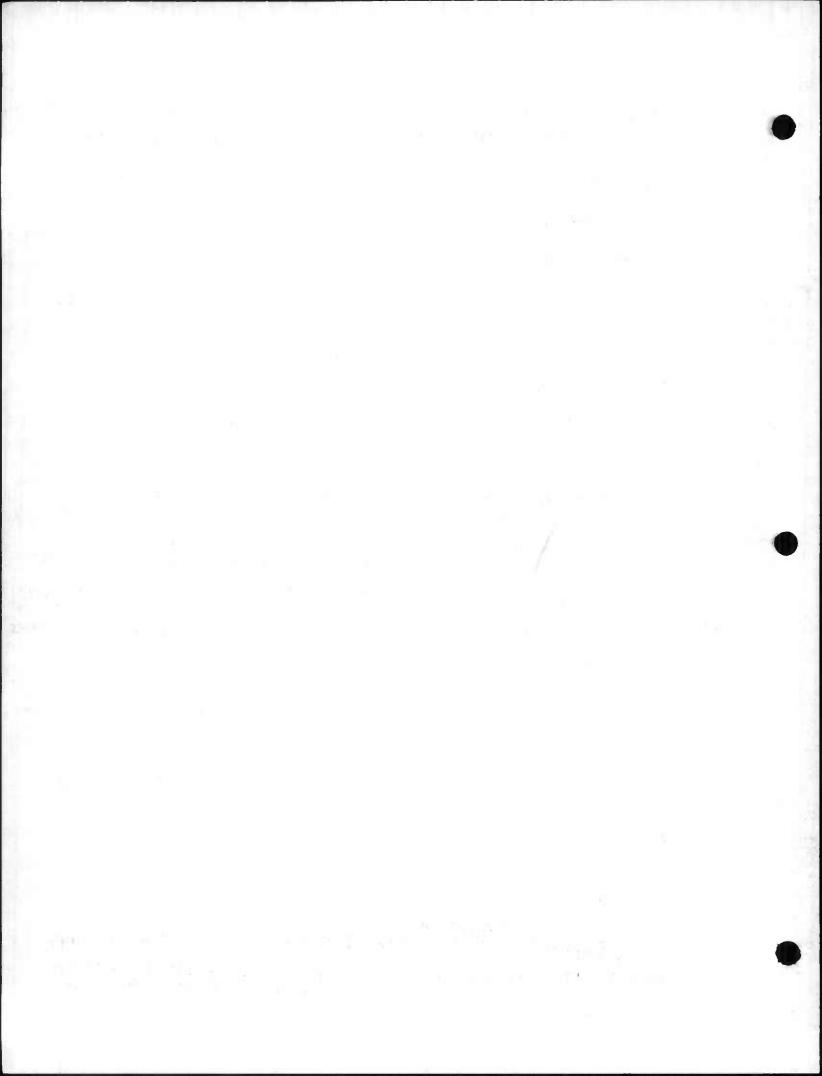
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State of Maryland / Department of Health and Mental Hygiene 203

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** 199712-28 Am -ORNE JULY FRASER /Medical 4e. Fecility Neme (If not institution, give street end number, NORTH ARVNDEL HO 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** GLEN BURNIE HOSPITAL AMNE ARVINDEL If Under 1 Year If Under 24 Hrs. 8, Date of Birth
Months Deys Hours Min. (Month, Dey, Year) 5. Sociel Security Number 7. Age (In yrs. lest birthdey) Birthplece (State or Foreign Country) **Funeral** 1☐M 2□ F Director 195-01-1445 Jul. 16, 1909 North Dakota 87 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits ns 23a or 28a-f shor must be notified at 1 ☐ Yes 2 ☐ No Director MD Anne Arundel Gambrills 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? TIS 23a 951 Waugh Chapel Road 21054 USA Funeral 12. Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, Black White etc. 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: 1 ☐ Never Married 2 ☐ Married 1 ☐ Yes 2 ☐No White ģ Specify: 3 □ Widowed 4 □ Divorcad Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Truck Driver 10 Propane parmit. Pages 1 and 2 about be file Department of Health and Mental Hy, Important: If Item 27 is market Baltimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Frank Fraser Mary Gray 2 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Larry G. Fraser/Son 951 Waugh Chapel Road, Gambrills, MD 21054 20b. Plece of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removel from Stete 4 ☐ Donetion 5 ☐ Other (Specify) Metro Crematory 7/5 Baltimore, MD 21. Signature of Fugeral Service License 22. Neme end Address of Fecility Hardesty Funeral Home, P.A. 23a. Pert1. Enter the disease, of complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart feiture. Unfonly one cause on each line. 21401 Approximete Intervel Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Finel diseese or condition resulting in deeth) FAILURE TIND DAIYS **Examiner** Examiner TWO DAYS ician and burial-trans Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest physician s the burial P.O. Box 68760 CHRONIC UBSTRUCTIVE AIRWAYS DISEASETEN YEARS Physician/Medical Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? signed by 1 No 3 Probably 4 Unknown Records, þ 24e. Wes en eutopsy performed? 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? Completed 1 Yes 1 ☐ Yes 250No Division of Vital To the Mospital or Attending Physician: within 24 hours after death.

To the Funeral Director: After this certifica completaly filled in by the funeral director; p. 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2 No 1 SInpatient 2 □ ER/Outpetient 3 □ DOA 27. Manner of Deeth Certification: 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred 1 Naturel 5 Pending 1 Yes 2 No investigetion 2 Accident 6 Could not be determined 3 ☐ Suicide Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the ceuse(s) end menner es steted.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, date end plece, end due to the ceuse(s) end manner stated. 29e. Certifier Medical MEDICAL HOUSE OFFICER, M.D. 29b. Signeture and title of certifier 29c. License number D 5 | 6 6 4 29d. Date signed (Month, Dey, Year) JULY 4, 1997 301 HOSPITAL DRIVE. KUMAR AGGARWAL, NURTHARVODEL HOSPITAL 301 HOSPITAL DKING GLEN BURNIE, MARYLAND 21061 State



Division of Vital Records, P.O. Box 68760,

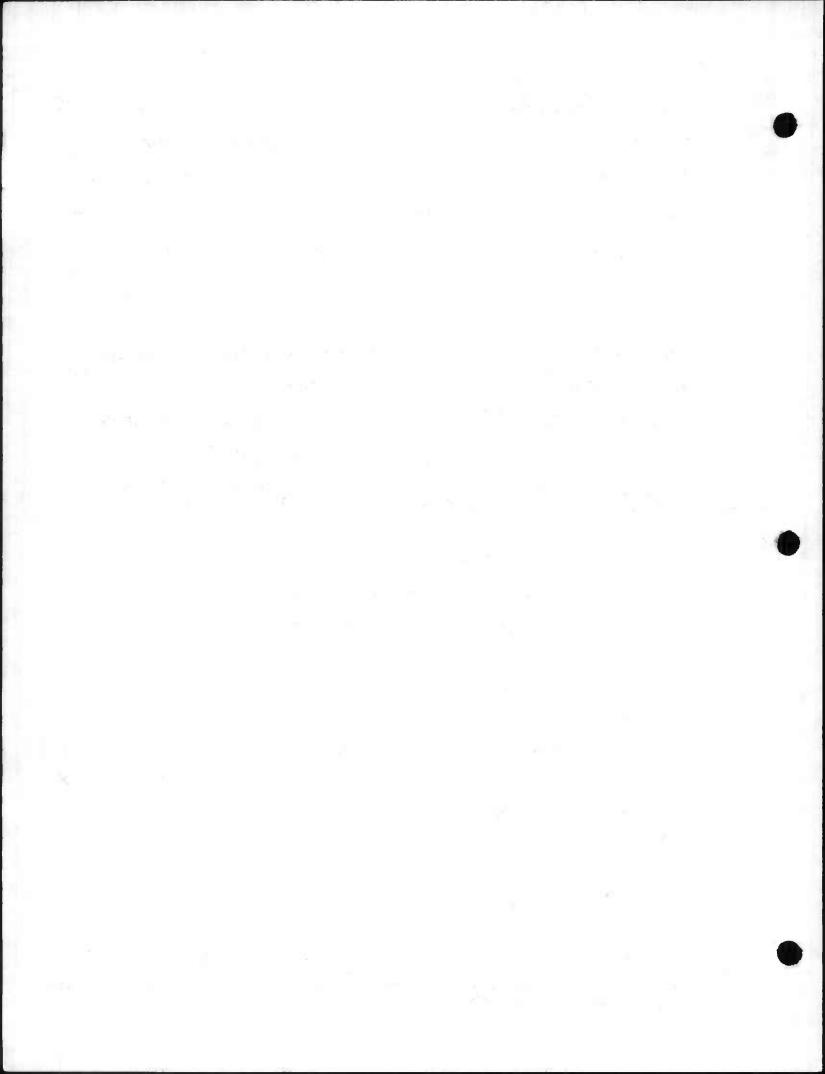
Baltimore, Maryland 21215-0020

		7 FilmG749 W.H.Per F/I			C	ertificate	of	Death			Reg. No.		
Physici /Medic		1. Decedent's Name (First, Middle, L GEORGE L. F								2. Date of De Month	eath Day		3. Tima of Death
Examir		4a. Fecility Name (If not institution, g					- 4	4b. City, To	wn, or Lo	ocation of Deat	th 4c. County		
_		SINAI HOSPIT						BALT			NIA		
Funeral Director		5. Social Security Number 8. 225–22–9766	4 D M O D F	je (In yrs. ies 'O	st birthda Yrs.	Months	Deys	If Under:	24 Hrs. Min.	8. Date of Bir (Month, Da		Country)	e (State or Foreign
		Usual Residence of Decedent	AA /	<u> </u>						Sept.	24, 192	6 Va.	
a-f show	ctor	Md. 10b. County		10c. City, Balt:								10d.	Inside City Limits 1256 es 2 □ No
th with the 23a or 28	Funeral Director	10e. Street end Number 3811 Pall Mall Ro	ad			10f. Zip	212	215			10g. Citizen of U.S.A.	Whet Country	7
permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Hauth and Mental Hyglene. Important: if item 27 is marked other than "naturel", or items 23s or 28s-f show any lolury or other traumetic event, its Medical Emiring must be notified at ance.	by Funer	11. Marital Status  1 □ Never Married 2 ☒ Married  3 □ Widowed 4 □ Divorced	12. Wes Decedent Armed Forces?  1 Yes 201  If Yes, Give Year or Dates:		13	3. Was Deced If Yes, spec		Ilspenic Origan, Mexican Specify:	gin? (Sp. , Puerto	ecify Yes or No Rican, etc.)		ck, White, etc.	
ithin 72 hores ne. nen "neture neolcal I	Completed	15. Decedent's E (Specify only highest gi Elementary/Secondary (0-12)	Education rade completed) College (1-4or 5		16a. De (Gi life	cedent's Usua ve kind of wor e. DO NOT us	Occup k done d a retired	ation during most d)	of work	Ing	16b. Kind of B	usiness/Indus	try
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d 2 sh th and 7 is m traum		19a. Informant's Name/Relationship Mrs. Annie E. Fl	(Type, Print) wife								e, Md.		ode)
Heal Heal tam 2		20a. Method of Disposition		20b. Plac	e of Dis	sposition (Nem	e of		ia b	Date	20c. Location		, State
Page ent of nt: If i		1 Donation 5 Other (Spec	Removal from State		-	remetory or of .d Rid			ter	uly 5	Baltin		
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that the death certificate be executed set by the attending physician and detached for use as the bunal-transit	y Physician/M	Part II. Other aignificant conditions  HYPERTENSIO		ut not resulti	ng in the	underlying ca	use giv	en in Part I.			tobacco use co Yes 2□No	3 Probab	e cause of death?  Iy 4 Unknown
The law requires that the death certificate be executed ate has been signed by the attending physician and page 2 should be deteched for use as the bunal-transit	Completed by	INSULIN DEPE	FNDENT D	) A B	ETE	s M	ELL	ITU.	S_		an autopsy ormed?	avallal	autopsy findings ble prior to etion of ceusa th?
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Physician: The rthis certificate ral director, pag	Be	25. Was casa referred to medical examiner?	Standard .						of Daetl	(Check only	one)		
this ai di	7°	1 ☐ Yes 2 No  27. Manper of Death	Hospital:		VOutpat			4 LI NU			Idence 6 Oth		
Attanding Ph or death. ector: Attar th by the funeral	ation	1 Natural 5 Panding 2 Accident Investigation	28a. Date of Injui (Month, Dej	Yeer)	Bb. Time Injury	M M	ic. Injun Worl	yat k? Yas 2∐1		280. Describe	how injury occur	red	
Hospital or Attanding Physician: 44 hours after death. Fureral Director: After this certificately filled in by the funeral director,	Certification:	3 Sulcide 6 Could not be determined			e, farm,	street, factory,	office		U		(Street and Numb wn, Stete)	per or Rural Re	oute Number,
To the Hospital or Attanding F with 24 hours after death. To the Funeral Director: After Completely filled in by the funer	edicai C	29a. Cartifier (Check only one)  Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Plants   Certifying Pl	hysician: To the bast of miner; On the basis of and manner sta	examination	edge, de n and/or	ath occurred a Investigation,	t the tin	ne, date and pinion, deat	d place, h occurr	and due to the ed at the time,	causa(s) and madate and place,	anner as state and due to the	d. a ceuse(s)
To the To the Comple	M	29b. Signature and title of certifier				29c.	Licens	e number			29d. Date signe	d (Month, De)	, Year)

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) TAMELLE R. BOWERS, MD BALTIMORE, MARYLAND 21215

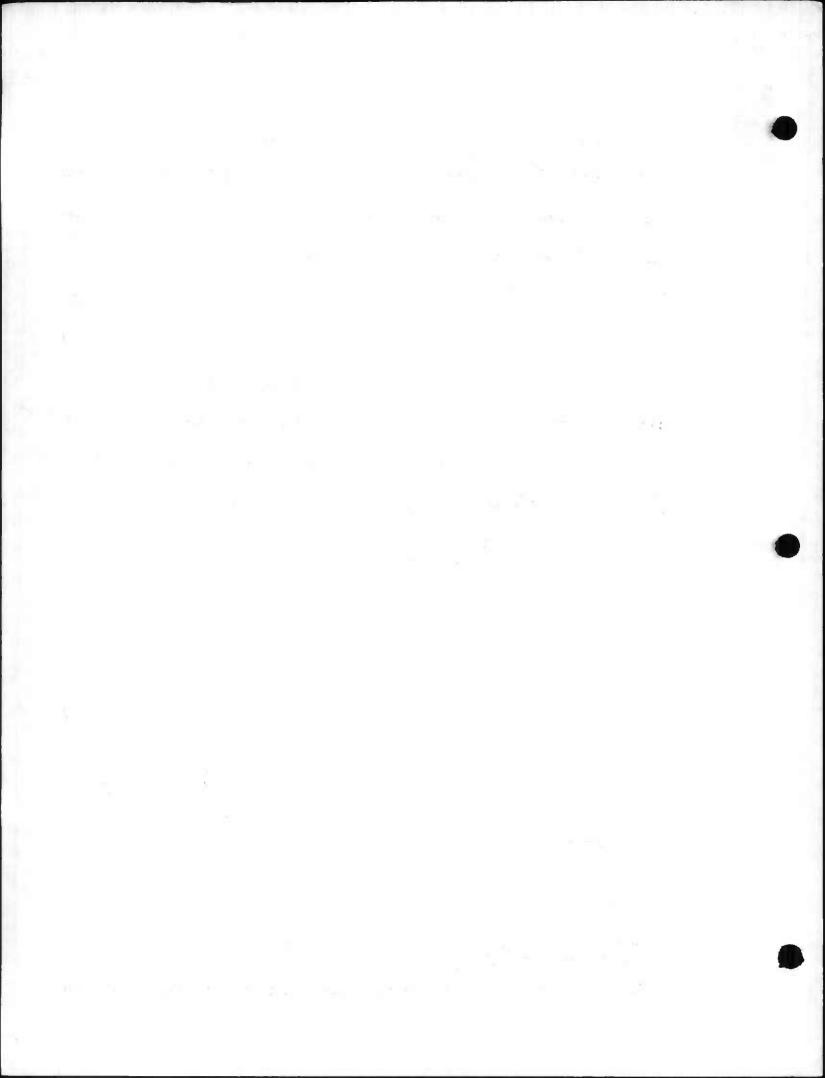
2401 WEST BELVEDERE AVENUE

State Registrar



# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 20366

	Item	s:2	3a part I,27 per MEO (	G-749 7/14/97 dh	Cer	tificate of	Death	F	leg. No.			
	Physic	ian	Decedent's Nama (First, Middla, L     Bernard Lee					2. Data of Dea Month	th Day	Yaar	3. Tima of	Death
	/Medi							JUNE	30, 19	97	1305	PM
	Exami	ner	4a. Facility Nama (If not institution, g.				4b. City, Town, or		4c. County	A / A		
Н	<b>5</b>		1100 ASHLAND 5. Social Security Number 6.		yrs. last birthday)	If Undar 1 Yaar	BALTIM  If Undar 24 Hrs			O Right	alana (Ctata a	e Englan
Į,	Funeral Director			110M 2□F 4	8 Yrs.	Months Days	Hours Min.		19ar)48	Coun	placa (Stata or htry) Ua	,
	Marylend	ctor	10a. Stata 10b. County	<i>IA</i> 100	Ballin		•			1	10d. Insida Cit	
	th with th	al Director	10e. Street and Number	nd Ct.		10f. Zip Coda	02		10g. Citizan of W		ntry?	
21215-0020	s 1 and 2 should be filed within 72 hours after deeth with the Maryland if Heelth and Mental Hygiene. Item 27 is marked other than "natural", or items 23a or 28a-f show other traumstic event, the Medical Evantiner must be notified at	by Funeral	11. Maritai Status  1 Nevar Married 2 Married  3 Widowed 4 Divorced	12. Was Dacedant Evar Armed Forcas? 1 ∰ Yas 2 ☐ No If Yas, Giva Yaar or Datas:		Vas Decedant of i Yas, specify Cub	Hispanic Origin? (S an, Maxican, Puar Specify:	spacify Yas or No- to Rican, atc.)	14. Race Black Specify:	k, Whita,	ean Indian, atc.	
5-0	72 h netu	etec	15. Dacedant's E (Specify only highast g	ducation rada complated)	16a. Deced	ant's Usuai Occu kind of work dona	pation during most of wo	rking	16b. Kind of Bu	sinass/inc	dustry	
121	within she.	Completed	Elementary/Secondary (0-12)	College (1-4or 5+)	lifa. D	NOT use retire	od)		Constr	uctic	on	
	Hygie ther		17. Fathar's Nama (First, Middle, Las	1)		J-5007	18. Mothar's Na	ma (First, Middla,	Maidan Sumami	a) .		
lan	lid be ked o	To Be	Samuel	Fuell			Edna		C	5/fg.	eld	
Maryland	1 and 2 should be filed within Heelth and Mental Hygiene. Im 27 is marked other than ther traumatic event, in a Mental Hygiene.	-	19a. Informant's Name/Ralationship  Samuel Fo	(Type, Print)	19b. Mailing	_	and Number of Ri 23rd	Sto 9 E	r, City or Town,	Stata, Zip	Coda)	218
Baltimore,	Page ent o nt: If		20a. Method of Disposition  1  Suriai 2  Cramation 3  4  Donation 5  Othar (Special Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Control Co	□Ramoval from Stata	b. Piaca of Dispos cematary, cram	atory or other ple		Data 7-1-97	20c. Location - 0			nD
Balt	permit. Par Departmen Important: any Injury once.		21. Signature of Funaral Sarvice Lice	nsaa / Ge =	22. T	Nama and Address	F. H.	EAST			Nort	
	_		23a. Part1. Entar tha disaase, or cor shock, or haart failura. List only	holications that caused I a	death. Do not anta	r tha moda of dyi	ng, such as cardia	c or raspiratory an	•	1	Approximata Intervai Baty	1
	Physician /Medical Examiner	Jer	Immediata Causa (Final disease or condition resulting In death)	a. ARTERIOSCLE		IOVASCULAR					Onsat and D	
x 68760,	that the death certificate be executed ed by the attending physician and detached for use as the burial-transit	/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Diseasa or injury that initiated avanits rasulting in death) Last	c	to (or as a consequ					1		
.O. Box	that the death ce ed by the attendi detached for use	Physician/	Part II. Other significant conditions	contributing to death but not	rasulting in tha un	darlying ceusa gi	van in Part I.	23b. Did to	obacco use con	tribute to		
•	es that tigned by							1 🗆 Y	es 2□ No	3 Prot	bably 4151	Unknown
Records,	The law requires ste has been sign page 2 should be	Completed by						24a. Was a perfor		COL	ara autopsy fi ailabla prior to mpiation of ce daath?	)
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/ita	certificete rector, pag	Be	25. Was casa rafarrad to medical examinar?				26. Placa of De	ath (Check only or	ne)		1	
of Vital	Physician: this certific ral director,	은	XXYas 2□ No		2 ER/Outpatiant	3LI DOA		loma Kasid	ance 8 □Othe	r (Specif	у)	
ion	or Attending Paffer death. Director: After to in by the funeral	ation:	27. Mannar of Death  1) Natural  2 Accident		28b. Tima of Injury	M 1	ryat rk? ∣Yes 2 □ No	28d. Dascribe h	ow Injury occurre	∌d		
Division	al or Atte s after de N Directo ed in by t	Certification:	3 Suicida 6 Could not to determine determined	28a. Piaca of Injury - / building, atc. (Sp	At home, farm, stra ecity)	at, factory, offica		28f. Location (S City or Tow		er or Rura	Il Routa Numb	oer,
	To the Hospital or within 24 hours after To the Funeral Director completely filled in	edical	29a. Cartifier (Check only one)	hysician: To the best of my miner: On the basis of examend manner stated.	knowladga, daath nination and/or Invi	occurrad at tha ti astigation, in my	ma, data and piace opinion, daath occu	, and dua to tha curred at tha tima, c	ausa(s) and mar lata and place, a	nnar as st nd dua to	tated. tha ceusa(s)	
	To the To the comp	×	29b. Signatura and titla of cartifiar	. /		29c. Lican	sa number	2	9d. Data signad	(Month,	Day, Year)	
			Theorla	1 Kin	~~	0.	C.M.E		JULY	1,	1997	
			30. Name and addrass of person who		(Item 23a) (Type, F	Print)						
			1 HEV DONE			n Stre	et, Bal	timore,	Maryl	and	2120	1
	Sta Registr		31. Data filed (Month, Day, Year) JUL 0 7 1997	32. Registrar's S	-Mandelle							



20367 State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth Month Dey **Physician** Charles Fisher July 4 1997 1:00 PM /Medical 4e. Fecility Name (If not institution, give street and number) 4b, City, Town, or Location of Death Examiner 4c. County of Deeth 3112 Cornwall Rd. Baltimore Baltimore 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Yeer) Birthpiece (State or Foreign Country) **Funeral** 10XM 2□ F Months Days 218 03 8665 Yrs. Director 85 Aug. 11,1911 Maryland Usuel Residence of Decedent with the Meryland 10e Stete 10b County 10c. City, Town or Location 10d. Inside City Limits id 2 should be filled within 72 hours efter deeth with the Meryla th and Mental Hygiene. ?] Is marked other them "natural", or fleme 23a or 28a-f show traumatic event, in the life. Director Maryland Baltimore 1 Yes No Baltimore 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 3112 Cornwall Rd. 21222 United States Funeral 11 Marital Status 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. Yes 2 XNo If Yes, Give 1 ☐ Never Married 2 ☐ Married 21215-0020 1 Yes 2 No Specify: White þ 3 Widowed 4 □ Divorcad Year or Dates: Completed 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuei Occupetlon (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondary (0-12) Coilege (1-4or 5+) Maintenance Man **Hospital** altimore, Maryland 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surname) Be (Unknown) (Unknown) Peges 1 and 2 should 2 19e. Informent's Name/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Peges 1 and 2: Department of Heelth at Important: If flem 27 Is any Injury or other trau Charles E. Knellinger/Step-son 3112 Cornwall Rd., Baltimore, MD 21222 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete 1 ☐ Buriai 2 X Cremation 3 ☐ Removel from State 7/7/97 Baltimore, MD Green Mount Crematory 4 ☐ Donetion 5 ☐ Other (Specify) 22. Name end Address of Fecility CAFA Stephen D. Lohrmann P.A. 23e. Part1. Enter the disease, or complications the shock, or heart feilure. List only one ceuse of 8717 Green Pastures Dr., Baltimore, MD 21286 caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, had ine. Approximete Interval Between Onset end Deeth **Physician** /Medical Immediate Ceuse (Final diseese or condition resulting in deeth) Examiner Due to (or es e consequence of): Physician/Medical Examiner Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es e consequenca of): Due to (or es e consequence of): Box The law requires that the deam Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? the signed by 1 → Yes 2 No 3 Probably 4 Unknown þ 90 24b. Were autopsy findings eveileble prior to pege 2 should Completed 24e. Wes en eutopsy been performed' completion of cause of death? certificate has 20 No 1 Yes 1 Yes 2 No Physician: Be 25. Wes case referred to medical 26. Piece of Deeth (Check only one) Other: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 2 1 ☐ Yes 2 ☐ No 1 ☐ Inpatient 2 ☐ ER/Outpetlent 3 ☐ DOA this the funeral 27. Menner of Deeth Dete of Injury (Month, Dey Year) 28c. Injury at Work? Certification: 28b. Time of 28d. Describe how Injury occurred After Division or Attending 5 Pending investigation 1 Naturel injury efter death. 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Sulcide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) filled in by 4 Homicide To the Hospital of within 24 hours of To the Funeral Completely filled Hospital Medical 29e. Certifier 1 ☐ Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the cause(s) and menner as steled.
2 ☐ Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, dete end piece, end due to the ceuse(s) end menner steled. (Check only one) 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) 30. Name end address of person who completed cause of deeth (Item 23e) (Type, Print) Reus Bat 1 mg 21221

12

State Registrar

State of Maryland / Department of Health and Mental Hygiene

						Ce	ertificat	e of	Death			Reg. No.		
			1. Decedent's Name (First, Middle	, Last)							2. Data of De	ath	Maar	3. Tima of Death
-	Physici /Medi		JAMES MAR	ΓIN GRAH	AM						July 3	. 1997	Yaar	1:06P
	Examir		4a. Facility Name (If not institution	give street and nur	n <i>ber</i> )				4b. City, To	wn, or L	ocation of Death	4c. Count	y of Death	
			3639 Roland Av	/enue					Bal	timo	ore		N/A	
	Funeral		5. Social Sacurity Number		7. Age (In yrs	. last birthda		1 Yaar			8. Data of Bir	th		placa (State or Foraig
	Director		030-36-8546	XXM 2□F	41	Yrs.	Months	Days	Hours	Min.	8. Data of Bir (Month, Da February	10,1956	Mas	sachusett:
9	141		Usual Residence of Decedent											
Zilly.	though the		10a. State 10b. County		10c. C	city, Town or								10d. Inside City Limit
@ Maryland	s or 28a-f show be notified at	cto	Maryland N/A			Ва	ltimor	,e						XXX 2 N
6	9 20	Sire	10e. Street and Number				10f. Zip	Code				10g. Citizen of	What Cou	
6	22.0	al	3639 Roland Ave	nue				21.	211				USA	
	19	Funeral Director	11. Marital Status	12. Was Dece	dent Evar in U	U,S. 13	Was Dece	dent of h	Hispanic Ori	igin? (Sp	ecify Yes or No Rican, atc.)	- 14. Ra	ce - Ameri ck, White	ican Indian,
10	. №		1 X vevar Married 2 ☐ Marrie	Armed Fo	XX No		1 □ Yas )		Specify:	i, i danto	Tilodii, ato.,			
ME)	124	1 by	3 ☐ Widowed 4 ☐ Divorced	Year or Di	ates:		1 1 1 23 /	₹¥₩•°	Specify.			Specil	v: Whi	ite
(19.3	J.	Completed	15. Decedent' (Specify only highes	s Education		16a, Dec	edent's Usu ve kind of wo DO NOT u	ai Occup	oation during mos	t of work	ina	16b. Kind ot B	usiness/ir	ndustry
1		du	Elementary/Secondary (0-12)	Collega (1	-4or 5+)			se retire	d)					
2 2	A to the			5+		Pr	iest					Reli		
2 8	Mal T d off	Be	17. Fathar's Nama (First, Middla, L									, Maiden Sumar	na)	
yla		2	Nicholas Franci								a Baren			
Maryland	ls my manual		19a. Intermant's Name/Relationsh				-					er, City or Town		
-	Hoarth ther tr		Barbara Glod		Friend				Venue	Bal		MAryla		
0 8	or off		20a. Mathod of Disposition XX Burial 2 ☐ Cremation	3 □Removal from 5	State St.	Place of Disp Peters	Cemete	rv		į	Data	Great Ba	- City or T	own, State
E &	ortant: injury		4 Donation 5 □ Other (Sp		Mt	Olive	et Cem	<del>et</del> er	`y		7/9/97	Waterto	wn,C	ton, MA. <del>onnecticu</del>
Baltimore,	Departimport any in		21. Signature of Funeral Service I	konnsen	1		22. Nama ar	nd Addre	ss of Facili	ty	Mitch	nell-Wie	dofo	ld Homo
m a	0280		Dennis DI	Knee	BK		5500	York	Road	Bal		Maryla		
			23a. Part1. Enter tha disease, or shock, or heart tailure. List of	complications that can't one cause on e	aused the daa	ath. Do not e	nter the mod	e of dyl	ng, such as	cardiac	or raspiratory a	rrast,		Approximata tntarval Batween
	nysician			,										Onsat end Death
_	Medicai		tmmediate Causa (Final disease or condition	-	NN	llum	onin							Laks
E.	xaminer		resulting in death)	8.	Bua to (	(or as a cons	equance of):							
7	#	Examiner												
x 68760, certificate be executed	physician and s the burlel-transit	Eam	Sequentially list conditions,	6.	Due to (	or as a cons	equance of):				·		i	
90,	uriel	0	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events										- 1	
68760,	the b	edical	that initiated events resulting in death) Last	C	Due to (	or as a conse	equence ot):	_						
C 6	d Bulpu Se esr	/Mec		L ,									!	
0 -	6 3	lan/		0					-				1	
0.00	he ed fe	Physician	Part It. Other significant condition	ns contributing to de	ath but not ra	sulting In the	underlying o	ausa gh	van in Part I		23b. Dld	tobacco use co	ntribute 1	to the cause of death
P.O.	ned by the etter deteched for u	Phy	MANUTITI	m							10	Yes 2□ No	3 □ Pro	bably 4 Unknow
<u>8</u>	be de	by	1	9										
ecords, P.O. Belew requires that the death	been s should	Completed	CATLEVIA								24a. Was	an autopsy rmed?	a ¹	Vere sutopsy findings vallable prior to
0 8	has be	ple	Congression										of	ompletion of cause f death?
<u>a</u>	- 8	NO.									10	Yes 2 No	1	□Yes 30 No
	s certificate director, pa	Bec	25. Was case reterred to medical examiner?						26. Place	of Deat	h (Check only o	one)		1
of Vita	als ce I direc	Tol	1 Yes 2 No	Hospital: 1 □ to	npatient 2	ER/Outpati	ent 3 DC	OA Oth	ner: 4□ Nu	ırsing Ho	me 5 Resi	dence 8 DOt	ner (Speci	ify)
O CO	After th funeral	tlon:	27. Manner of Death 1 diNatural 5 ☐ Pending	28a. Date of	ot Injury h, Day Year)	28b. Time Injury	ot 2	8c. Inju	ry at rk?		28d. Describe	how Injury occu	rred	
0 5	FAS	ž	2 Accident Investige			1	М		Yes 2	No				

To the Hospital or Attending within 24 hours after death.
To the Funeral Director: After completely filled in by the fune

1 Certifying Physician: To the best of my knowledga, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the bass of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) 29b. Signatury

6 Could not be determined

29c. License number 29d. Date aigned (Month, Day, Year) 36709

28f. Location (Street and Number or Rural Routa Number, City or Town, State)

July 3, 1997

30. Nama and address of person who completed cause of death (Item 23a) (Type, Print)

Philip N. Effron 6565 N Charles Street Towson Md 21204

Placa of Injury - At home, farm, street, factory, office bullding, etc. (Specify)

State Registrar

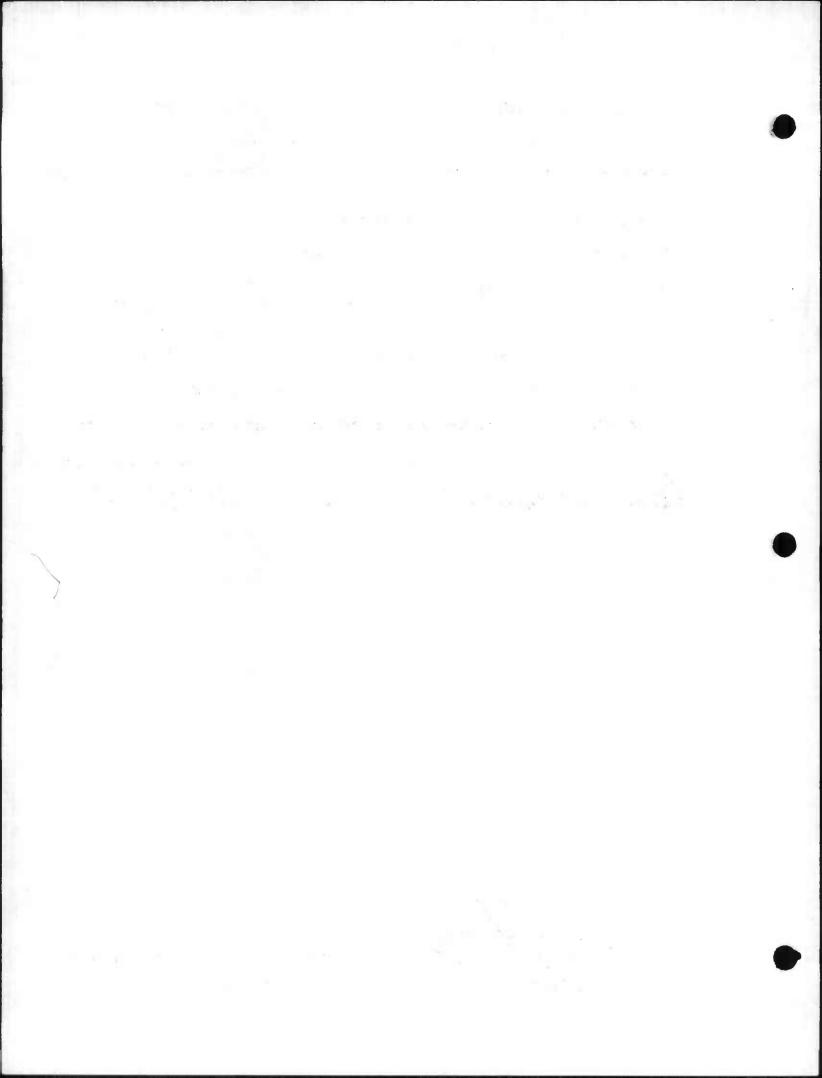
Medical Certification

2 Accident

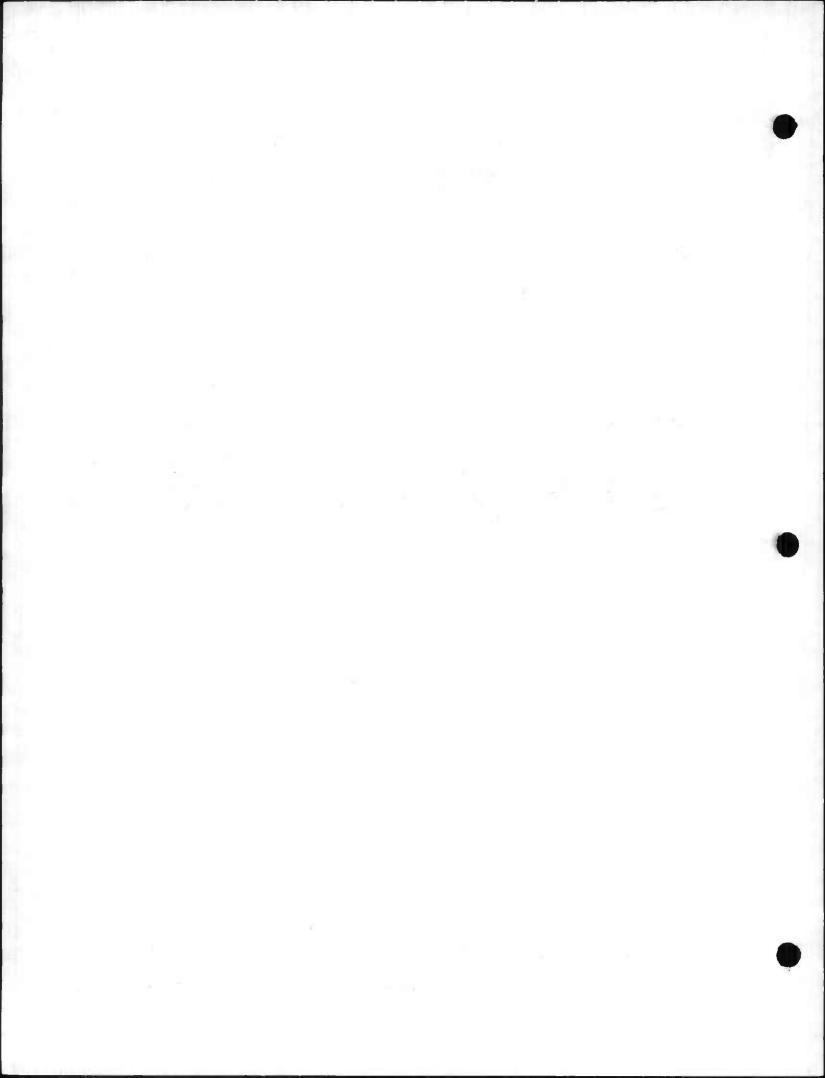
3 Suicide

4 Homlcide





-	Items:23	ар	art I,27,28a-f per M	EO G-749 7/			artment of I rtificate of			Reg. No.	1 6	20369
	Physic /Medi		Decedent's Nama (First, Middla Herman Maurice		R.				2. Data of D Month JULY	Dav	Yaar 7	3. Time f = th
ı	Exami		4a. Facility Nama (If not institution, 3612 NORTH F					4b. City, Town, o	or Location of Dea	th 4c. County N/A	of Death	
	Funeral Director		5. Social Security Number 214–56–4068  Usual Rasidance of Decedant	6. Sex 1,⊒M 2□ F	7. Aga (In yrs. 46	. last birthday) Yrs.	If Undar 1 Year Months Days		in. (Month, D	irth Pay, Yaa <i>r)</i> 12, 195	9. Birthple Count 1 Md.	aca (Stata or Foreign ry)
	Marylend H show	tor	10e. State 10b. County Md. N/A			ity, Town or Lo					10	od. fnside City Limits 1 ☑ Yas 2 ☐ No
	h with the 23a or 28a at be not	al Director	10e. Street and Number 3612 Rogers Aver	nue			10f. Zip Code 21207			10g. Citizen of U.S.A		ry?
020	permit. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland Depertment of Heelth and Mentel Hygiene. Important: if item 27 is marked other than "naturaf", or items 23a or 28a-f show any Injury or other traumetic event, tra Medical Examinet must be notified at once.	by Funeral	11. Marital Status  1 □ Navar Married 2□Marrie  3 □ Widowed 4 □ Divorced	Armed Fo	2 □ No va		Was Decedant of I f Yas, specify Cub 1 ☐ Yas 2 ☑ No	en, Maxicen, Pu	(Spacify Yas or N arto Rican, atc.)	Bia	ce - Amarice ck, White, a y: Blac	ntc.
1215-0	within 72 ho ane. than "natura	Completed	15. Decedent'. (Specify only highest Elementary/Secondary (0-12)	s Education grada complated) Collage (	1-4or 5+)	(Giva lifa.	dent's Usual Occup kind of work done OO NOT use retire	duning most of w	vorking	16b. Kind of B		ustry
land 2	Aentel Hygierked other	To Be Co	10th Grade 17. Fathar's Nama (First, Middle, L Herman Gordon Sl			Maint	enance		lama (First, Middle Pinkard			Ing none
Baltimore, Maryland 21215-0020	1 and 2 showled hand hand hand to man and hand hand hand hand hand hand han		19a. Informant's Name/Ralationsh Herman Gordon SI	ip (Type, Print) fa R.		7107	yataruba	Avenue	Baltimo	re, Md.	21207	
Itimor	nit. Peges entment of I ortant: If He Injury or of		20a. Mathod of Disposition  \$\int\Burial 2 \subseteq Cramation 4 \subseteq Donation 5 \subseteq Other (Sp.  21. Signature of Funancial Service)	ecify)	Stata	butus N	sition (Nama of natory or other pla Iemorial Nama and Addre	Park	July 8	Balto.		
Ba	Deme Impo		23a. Fan 1. Enter the disease, or o	Emy	- A	25	01 Gwynn	s Falls		Ltimore,	Md. 2	21216
	Physician /Medical Examiner	J.	shook, or heart failure. List of immediate Causa (Final disease or condition resulting in death)	nly ona causa on a	TIC, COC		LCOHOL INT		ac or respiratory	allost,		Approximata Intarval Betwaen Onsat and Death
8760,	ate be executed thysician and the burial-transit	I Examiner	Sequantially list conditions, if any, leading to immediata ceusa. Enter Underlying Causa (Disease or Injury	b	Due to (	or as a conseq	uence of):					
Box 687	ding p	n/Medical	that initiated events rasulting in death) Last	d	Dua to (d	or as a conseq	uence of):					
P.O. B	- 40 2	Physician/Me	Part II. Other significant condition	a contributing to de	eath but not ras	sulting in the u	nderlying ceuse gi	ven In Part I.		l tobacco usa co ] Yss 2∑ No		the cause of death?
Vital Records,	requires been sign should be	Completed by							24a. Wa	s an autopsy ormed?	aval	ra autopsy findings llabla prior to apletion of ceusa laath?
tal Re	The ete h page	0	25. Was cesa rafarred to medicel					26 Place of D	1 Death (Chack only	Yas 2□No	1度	Yas 2□No
O	Physical distribution	ation: To B	examinar?  XIXYes 2 No  27. Manner of Death 1 Natural 5 Panding 2 Accident invastigs	28a. Date (Mon	Inpatient 2 of Injury th, Day Year) 7/3/97	ER/Outpatian 28b. Time of Injury found: 1	P 28c. Inju	her: 4 ☐ Nursing	Homa XXRas			)
Division	る世六三	Certification:	3 ☐ Suicida 6 ☑ Could no 4 ☐ Homicide detarmin	28a. Placa buildi home	of Injury - At h	oma, farm, str fy)	eet, factory, office		28f. Location City or To	(Street and Numbown, State) 361	2 N. Ro	gers Ave.
N	ompletely filled	Medical	(Check only 2 Medical E	Phyaician: To the xaminar: On the bi and man	best of my kno asis of axamina nar stated.	owledge, death ation and/or inv	astigation, in my	opinion, death oc	ca, and dua to the curred at the time	, date and place,	and due to t	the cause(s)
Ĺ	8	-	29b. Signatura and title of certifier	A. Wi	ight 1	nn	29c. Licans	c.M.E		29d. Data signe		
			30. Name and address of person w	IGHT M	0 1	ll Per	Print) I <b>n Stre</b> e	et, Bal	timore	, Maryl	and	21201
	Sta Registi		31. Data filed (Month, Day, Year) $ \text{JUL } 0.71997 $	32. R	agistrar's Sign	atura Pandelle						



ate	of	Maryland /	Department	of Health	and	Mental	Hygiene
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	ROBER	Т	E. GIBS	NC	State of M	aryland /		rtment of	Health and f Death			20370	
			1. Decedent's Nam	na (First, Middla, Las	st)					2. Date of De		3. Tima ot Death	
Е	Physic		Robert	E. Gibso	on					JULY		nar 0226334	
	/Medi Examir				a street and number)	MAIN	STRE	OTTS	4b. City, Town, or	Location of Death			
			B&O RAI	ILROAD M	USEUM N			_	ELLICO	T CITY	HOWA DE	COUNTY	
	Funeral		5. Social Security N	Numbar 6. S	ax 7. Ag	ga (In yrs. last		If Under 1 Yea Months Day	ir If Undar 24 Hr	s. 8. Date of Birt		Birthplaca (State or Foreign Country)	n
	Director		212-58-0		□M 2□F	44	Yrs.			MAR 3,	1953 T	ennessee	
	and w		Usuel Rasidanca o 10a. Stata	10b. County		10c. City, To	own or Loc	ation				10d. Insida City Limits	
	Maryl f sho	o	Md.	Howa	ard.							1 ☐ Yes 2 ☐ No	
	15 28 a	Director	10e. Street and Nu		ita	Elkr	Tage	10f. Zip Code			10g. Citizan of Wha	X	
	2 should be filed within 72 hours after death with the Maryland and Mental Hyglene. Is marked other than "natural", or flams 23a or 28a-f show aumatic event, the Medical Examinet trust be notified at		117 Di	ker Road									
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altii	구두루루			uneral Service Licen		Chesa	-	e Crema		5/97 F	Beltsville	e, Md	
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5	death de atten	clan											
o.		ysl	Pert II. Other signif	ilcant conditione co	ontributing to death b	ut not rasulting	g in the un-	darlying cause	given in Pert I.			bute to the cause of death	
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	To the Hospital within 24 hours of To the Funeral I completaly filled	edical	29a. Cartifiar (Check only one)	1☐ Certifying Phy 2월 Medical Exam	veician: To the best of the best of the basis of and market st	examination i	lga, daath and/or inve	occurred at tha astigation, in my	tima, data and plac opinion, daath occ	e, and dua to tha urred et tha tima,	causa(s) and manna	ar as statad.	
	To the To the comp	X	29b. Signatura and	title of certifler	14/1			29c. Lice	nse number		29d. Dete signed (A	fonth, Day, Year)	

State

David R Fuler 31. Data tiled (Month, Day, Yaar)

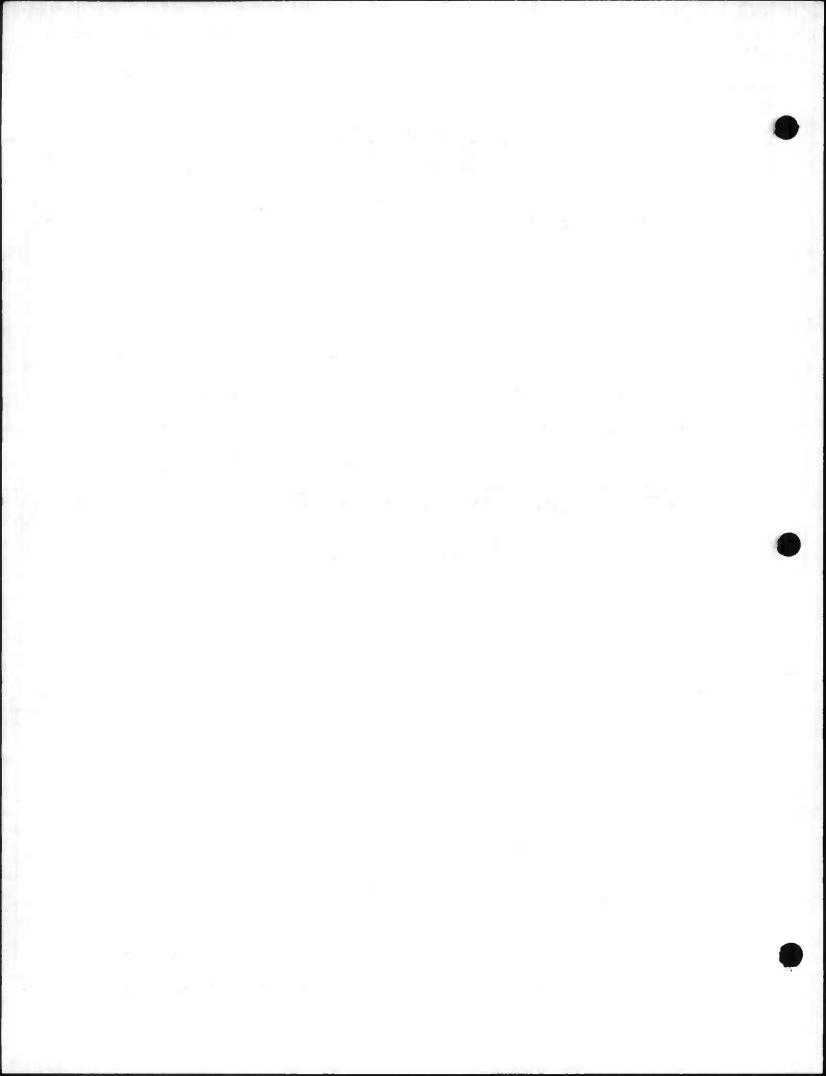
JUL 0 7 1997

30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)

111 Penn Street, Baltimore, Maryland 212 01 32. Registrar's Signatura

O.C.M.E.

JULY 02, 1997



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 20371

					Cei	rtificat	e of	Death		Reg. No.		
inin		1. Decedant's Nama (First, Middla	Last)					1	2. Data of Da	ath		Tima of Death
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amine	_	4a. Facility Nama (If not institution,		ər)		COL		4b. City, Town, or			y of Death	J. 10 III
		1310 PROVIDENCE	E ROAD					TOWSON		BA	LTIMORE	
neral		5. Social Sacurity Number		Aga (In yrs.	last birthday)	If Under		If Undar 24 Hrs		th	9. Birthpleca	Stata or Foreign
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Turos I	Director	10e. Street and Number				10f. Zip	Coda			10g. Citizan of	What Country?	
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188	9	15. Decedant's	Education		16a. Deced	dant's Usua	al Occur	pation		16b. Kind of E	Businass/Industry	2
Ve Medical Exam	Completed	(Specify only highast	grada complated)	- 5 . \	(Giva	kind of wo	rk dona	during most of wo	rking		,	
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r tra		MERLE W. GUY	1	HUSBAN	ID 13	10 PF	ROVI	DENCE RO	AD TOWS	ON, MD	21286	
and a		20a. Mathod of Disposition			Placa of Dispo	sition (Nar	ne of	00)	Data	20c. Location	- City or Town, S	tata
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1		4 Homicide datermin	ed 28a. Place of	Injury - At ho etc. <i>(Specif</i>		eat, factory	y, offica		28f. Location ( City or To		ber or Rural Rou	a Number,
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eldir.	- 1	one)	and mannar	stated.								
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### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

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23a or 28a-f show	_	34-2-2-3										1	10d. Insida City Li
Pag.	cto	Md.	Baltimo	re	Rel	stersto	WID.						1 ☐ Yas 2 ☐
or 2	Director	10e. Street and Nu				10f.	Zip Code			10	g. Citizen of V	What Cour	ntry?
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, or	by	3 Widowed		1 Yes 2 I If Yes, Give Year or Dates:	1955	1 ☐ Yes	2 <b>X</b> ) No	Specify:			Specify	Whi	te
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Depart Import any in		21. Signature of Fu	meral Sarvice Licen	900 00				ss of Facility	2 01				
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10 10	cat	2 Accident	investigation 6 Could not be			М	1 1 L	Yes 2 □ No					
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within 24 nouts after oses To the Funeral Director: completely filled in by the	Mec	29b. Signature and	title of cartifier	end manner st	a.eu.		29c. Licens	se number		29	d. Date signe	d (Month,	Day, Year)
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#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month JOSIAH JAMES HILL 1997 JUN 25 11:43 PM 4e. Fecliity Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death NATIONAL NAVAL MEDICAL CENTER BETHESDA MONTGOMERY If Under 1 Yeer If Under 24 Hrs. 8. Dete of Birth (Month, Day, Year) 5. Sociel Security Number 6. Sex 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign Country Hamilton, Months Deys 1√2 M 2□ F Yrs 64 073-26-2436 Dec. 28, 1932 Ontario, Canada Usuei Residence of Decedent 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 ☐ Yes 2 ☐ No Virginia Fairfax Co. Falls Church 10e. Street end Number 10f. Zip Code 10g, Citizen of What Country? 7203 Alger Road 22042 U.S.A. 12. Wes Decedent Ever in U,S. Armed Forces? 1 Yes 2 No If Yes, Give 1952— Yeer or Detes: 1972 14. Rece - American Indien, Bieck, White, etc. Wes Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Never Merried 2 TMerried Specify: American 1 ☐ Yes 2XXXIIIO Specify: 3 ☐ Widowed 4 ☐ Divorced Indian 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b. Kind of Business/Industry Elementery/Secondery (0-12) Coilege (1-4or 5+) 12 Ret. Staff Sgt. U. S. Marine 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Elizabeth White Josiah J. Hill 19e. Informant's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Evangeline M. Hill (Wife) 7203 Alger Rd, Falls Church, VA 22042 20b. Piece of Disposition (Name of cemetery, crematory or other piece) 20c. Location - City or Town, State 1 M Burial 2 ☐ Cremetion 3 Memovel from State Vineland, Ontario, 4 ☐ Donetion 5 ☐ Other (Specify) 6/30/97 Vineland Cemetery Signature of Funeral Service Licensee 22. Neme and Address of Fedlity Murphy Falls Church Funeral Home 1102 W. Broad St, Falls Church, VA 22046 auren 1 23a. Pent. Enter the disease, or con at lons that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only one ceuse on each line. Approximste Interval Between Onset and Deeth Immediete Cause (Finei disease or condition resulting In deeth) ISCHEMIC BOWEL Due to (or as a consequence of): Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resuiting In death) Last Due to (or es e consequence of): Due to (or es e consequence of): Pert fl. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wera sutopsy findings svellable prior to completion of cause of death? 24a. Wes en sutopsy performed? 1 ☐ Yes 2 No 1 ☐ Yes 2 ☐ No

**Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

Director

Funeral

by

Completed

**Funeral** 

Director

7 is marked other than "natural", or items 23s or 28s-f ahov traumstic avent, the Medical Examinar must be nutified at

permit. Pages 1 and 2 should be filed within 72 hours after c Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or item any injury or other traumatic event, the Medical Event

Saltimore, Maryland 21215-0020

Box

P.O.

Records,

Division of Vital Attending Physician: certificate

this

After

death.

To the Hospital or Attenditional within 24 hours after death.
To the Funeral Director: A completely filled in by the fu

with the Maryland

death

Examiner

Physician/Medical ā 豐 signed by t d be datach þ Completed funeral

Certification:

Medical

Hospital:

28. Plece of Deeth (Check only one)

25. Wes cese referred to medicel exeminer?
1 ☐ Yes 2 ☒ No 27. Menner of Deeth

1 Neturel

2 Accident 3 Suicide

4 Homicide

29a. Certifier

5 Pending Investigation 6 Could not be 28e. Dete of Injury (Month, Dey Year)

1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of

28e. Place of fnjury - At home, ferm, street, fectory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28c. Injury et Work? 1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

28f. Location (Street and Number or Rural Route Number, City or Town, State) X Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as steled.
2 Medical Examiner: On the basis of examination endors investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) and manner steled.

29b. Signature and title of certifie

29c. License number

29d. Dete signed (Month, Day, Year)

Meme and eddress of person who completed cause of death (Item 23a) (Type, Print)

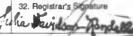
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M.MITCHELL, LCDR, MC, USN

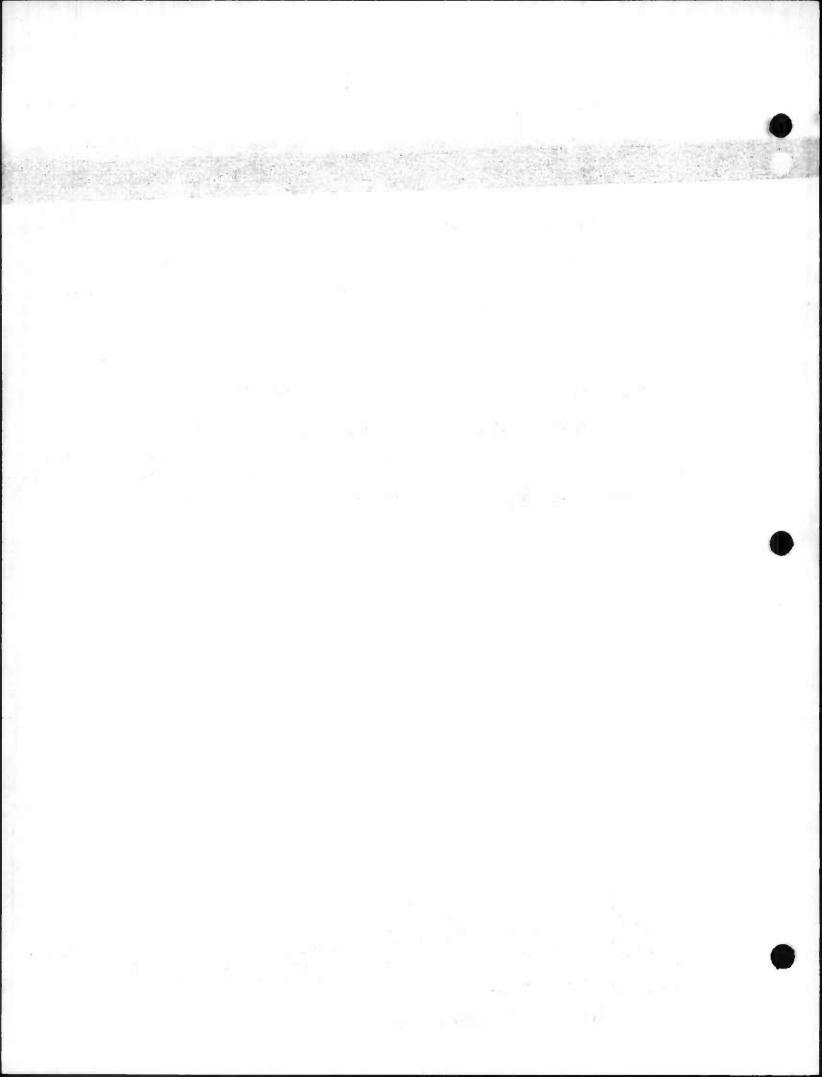
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State Registrar 31. Dete filed (Month, Day, Year)
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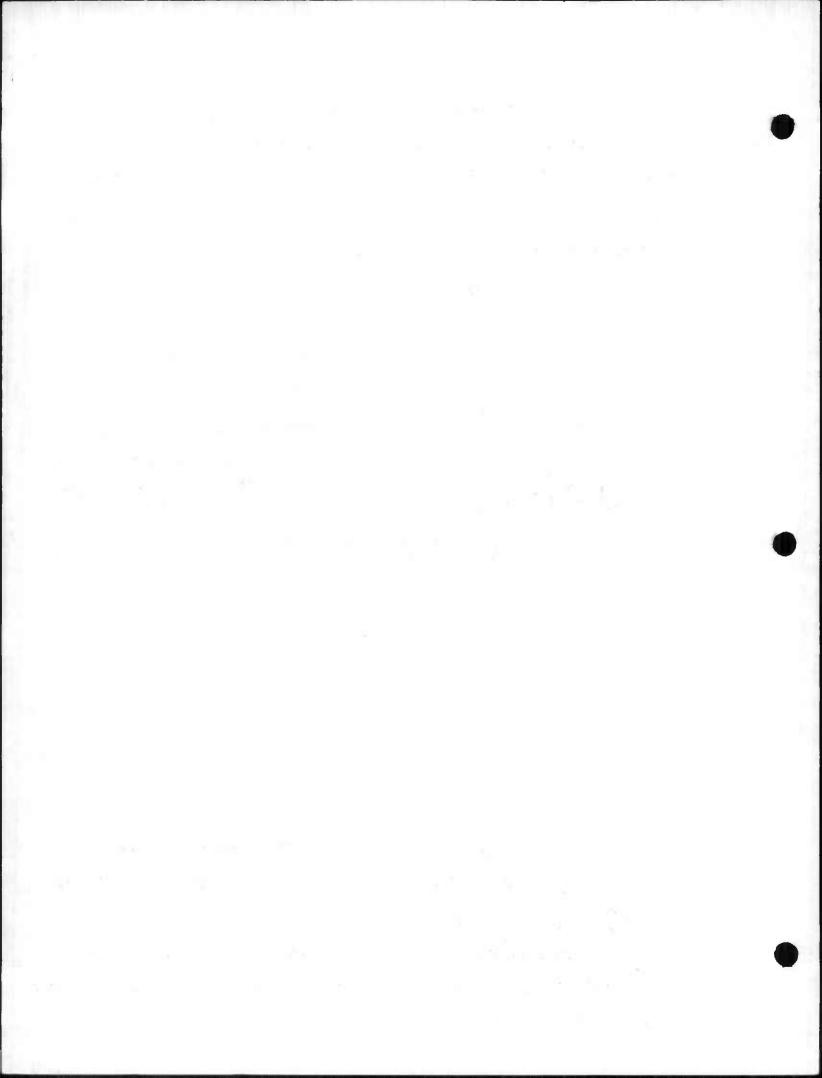
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State of Maryland / Department of Health and Mental Hygiene 97 20374

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			1. Decedent's Neme (First, Middle, L	est)							2. Dete of Deel	th ( §	V.	3. Time of Death	
	Physic /Medi		Flint	Gregor	~v		Н	unt			July	2ay	1997	12:27 a.n	
	/iviedi Examii		4a. Fecility Name (If not institution, gr		- y		- 11	dire	4b. City, To	wn, or Loc	cation of Deeth	4c. County			
ſ.	Enulii		Maryland Peniten	iary-954 I	Forres	Str	reet		Balti	more		N/A			
	Funeral				e (In yrs. last		If Unde	r 1 Year	If Under	24 Hrs.	8. Date of Birth		9. Birthp	lece (State or Foreign	
L	Director		238-13-9585	0	8	Yrs.	Months	Days	Hours	Min.	(Month, Day,	, Year)		lece (State or Foreign try)	
			Usual Residence of Decedent					1			June 27	, 1959	N.C	•	
	ylen Mow		10a. State 10b. County		10c. City, T	own or Lo	cation						1	0d. Inside City Limits	
	Mar 4	to	Md. N/A		Balt	imor	е					1 Ves 2 No			
	1 the	9	10e. Street and Number 10f. Zip Code								1	0g. Citizen of	Whet Coun	try?	
	3a o	0	954 Forrest Street 21202									U.S	.A.		
	2 should be filed within 72 hours after death with the Manyland end Mental Hygiene. Is marked other than "natural", or items 23a or 28a-f show sumatic event, the Medical Evanthet must be notified at	Funeral Director	11. Marital Stetus	13. Was Decedent of Hispanic Origin? (Specify Yes or					cify Yes or No-	14. Rac	a - Americ	an Indian,			
0	the fire	Fu	1 ☐ Never Married 2 ☑ Married	No.	If Yes, specify Cuban, Mexican, Puerto Rican, e					Rican, etc.)	Bla	ck, White,	etc.		
02	urs a	by	3 ☐ Widowed 4 ☐ Divorced	1 ☐ Yes 2 ☐ A If Yes, Give Year or Dates:			1 ☐ Yes 2/□{No Specify:			Spe		ecity:Black			
O I	2 ho	Completed	15. Decedent's E		1	6e. Deced	dent's Usu	al Occu	pation			16b. Kind of B	usiness/Inc	dustry	
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ā	d be ked ic ev		Flint Doc Hunt						Doro	othy	Sherril	1			
Maryland	Shou M M mar		19a. Informant's Name/Relationship	(Type, Print)	1	9b. Mailin	na Addres	s (Stree	-	_	Route Number		State. Zio	Code)	
Σ	Ithe 27 is		Dorothy Arringto				_				imore,			,	
e,	Hear Hear		20a. Method of Disposition		20b. Place	of Dispo	sition (Na	me of		Dail		20c. Location		wn, State	
Baltimore,	ant of		1 Surial 2 Cremation 3				natory or			1					
	rtan rtan		4 Donation 5 Other (Special Signature of Funeral Service Lice		Killig		orial				uly 5 B				
Ba	permit. Peges 1 and 2 should be Department of Health and Menta Important: If Itam 27 is merked any injury or other traumatic as once.		21. Signature of Puneral Service Lice	1					ess of Facilit	MUL	ter Fun	eral Ho	omes,	Inc.	
			2501 Gwynns Falls PKWY Baltimore, Md. 21216										21216		
			23a. Part1. Enter the disease, or con shock, or heart failure. List only	plications that caused one cause on each lir	the death. D	o not ente	er the mod	de of dyl	ing, such es	cardiec or	respiratory arre	est,		Approximete Interval Between	
۱ ۱	Physician		11 (120)	Drug (1	Chioper	ntal.	Pan	curc	miim	& Pot	assium	Chlori	de)	Onset and Death	
١.	/Medical Examiner		Drug (Thiopental, Pancuronium & Potassium Chloride)  Intoxication  Intoxication										mediate		
601	LXammer		resulting in death)		Due to (or as		uence of)	:					i		
	<b>₽</b> ₩	Examiner											i		
	and trens		Sequentially list conditions, if any, leading to immediate												
Ö,	lan s		cause. Enter Underlying Cause (Disease or Injury										1		
68760,	sath cartificate be executed ettending physician and for use as the buriel-trensit	edicai	that initieted events resulting in death) Lest	C.	Due to (or as	e consequ	uenca of):								
Ø ×	ing p	Med													
0	th ce tendi	Physician/		d											
	that the death led by the etter detached for u		Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.								23b. Did tobacco use contributs to the cause of deat				
J.	at the	Phy								1 Yes 27 No 3 Probably 4 Ur			bably 4 Unknown		
	es tha igned be de	o Be Completed by F													
5	- 0 D										24a. Wes e	n autopsy		ere autopsy findings ailable prior to	
Records,	200										periori	nou r	COI	mpletion of cause death?	
Ĭ	0 - 0										1 □ Ye	es 21 No	10	Yes 2□ No	
=	ician: The cartificate rector, pag		25. Was case referred to medical						OF Disease	of Dooth				165 20140	
5	Physician: this cartific ral director,		examiner?								eath (Check only one)  Home 5□ Residenca 6 X Other (Specify)				
	Phy ratio	H	27. Manner of Death	1 ☐ Inpatie		outpatien b. Time of	-				8d. Describe ho			()	
5	Attending Ph ir death. ector: After th by the funeral	tlor	1 □ Natural 5 □ Pending (Month, Day Year) Injury Work?												
2	death death ctor: / y the	Ica	3 Sulcide 6 Could not t	oury ,	1997	12:27			102 ACX			al exec		l Route Number,	
Division	or Attendatian deati	Certification:	4 Homicide determined	building, etc	. (Specify)	, iarm, sin	eet, lactor	y, omca			City or Town	n, State)			
	pital prai		penitentiary 954 Forrest St, Balto, MD  29a. Certifier 1 Courting Physician: To the best of my knowledge, death occurred at the time, dete end plece, end due to the ceuse(s) and menner as steted.												
	Fun Fun	edical	29a. Certifier (Check only ona)  (Check only ona)	minar: On the basis of	examination	and/or inv	estigation	, In my	me, dete en opinion, deal	a piece, e th occurre	d at the time, d	ate end place,	end due to	the ceuse(s)	
	To the Hospital or A within 24 hours aftar To the Funeral Direction pletaly filled in by	Me	29b. Signeture and tills of certifier	and menner sta			20	c. Licen	se number		2	9d. Dete signe	d (Month	Dev. Year)	
	¥ ¥ ₽ 8		12/	0/)/	/ .		23				29d. Dete signed (Month, Dey, Year)				
			1/Xce	e ales	w				OCME			July :	3, 1	997	
	0		30. Nama and address of person who												
			John E. Smialek	M.D. Chi	ef Med	lical	Exa	mine	er 11	1 Per	nn St.	Baltim	ore,	MD 21201	
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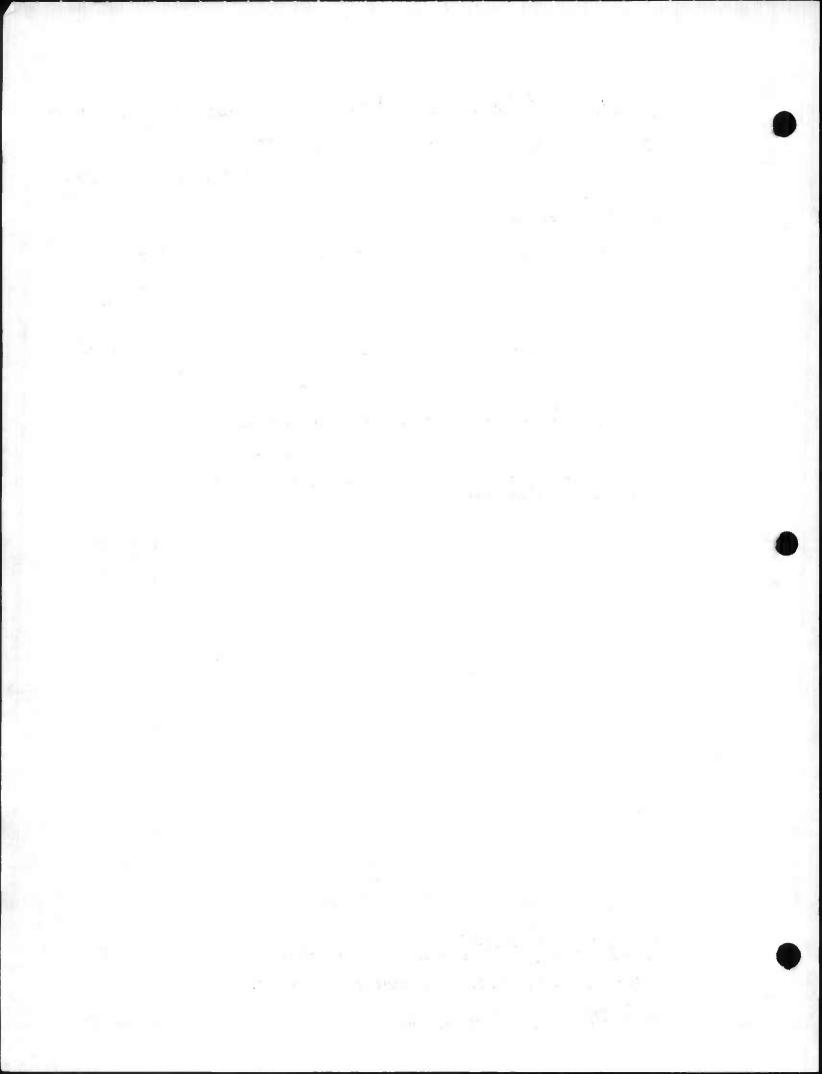


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3. Time of Deeth **Physician** Month HINTON Cobert 120 ONALO July 04 1997 /Medicai 4e. Fecility Name (If not institution, give street end number, 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Severa riv GESNA If Under 24 Hrs. If Under 1 Year 8. Dete of Birth (Month, Dey, Year) 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthday) Birthplace (Stete or Foreign Country) **Funerai** Months Deys Hours 15€M 2□ F 229-46-7542 59 Vrs Director 6/16/1938 VIRGINIA Usual Residence of Decedent filed within 72 hours efter death with the Maryland 10e Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits items 23s or 28s-f show MD ANNE ARUNDEL HANOVER 1 X Yes 2 □ No Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1475 GESNA DRIVE 21076 U.S.A. Completed by Funeral 12. Wes Decadent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Orlgin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indien, th end Mental Hygiene. 7 is marked other than "natural", or item traumatic event, ina Medical Examinet Bleck, White, etc. 1 Never Married 2 Merried ty∏Yes 2□No ffYes, Give Yeer or Detes: Vietnam 21215-0020 1 Yes 2 No Specify: Specify: WHITE 3 ☐ Widowed 4 ☐ Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) U.S. GOVERNMENT MILITARY 12 17. Fether's Neme (First, Middle, Last) Baltimore, Maryland 18. Mother's Name (First, Middle, Maiden Sumeme) .. Peges 1 end 2 should be file tment of Health end Mental H tant: If Item 27 is marked oth Be N/A N/A 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) or other tra CHONG S. HINTON/WIFE 1475 GESNA DRIVE, HANOVER, MD 21076 20e. Method of Disposition 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete Description | 2 □ Cremetion | 3 □ Removal from Stete | 4 □ Donation | 5 □ Other (Specify) permit. Pege Depertment of Important: If any Injury or CROWNSVILLE VET. CEM. 7/8/97 CROWNSVILLE, MD 21. Signature of Fineral Service Aicensee RAYMOND OF FEITNK FUNERAL HOME 426 CRAIN HWY., GLEN BURNIE, MD 21061 23a. Pert1. Enter the disease or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one ceuse on each line. **Physician** Immediete Ceuse (Finel diseese or condition resulting in deeth) /Medical Arteriosclerotic Heart Disease Unk Examiner Due to (or es a consequence of): Attending Physicien: The lew requires that the death certificate be executed the buriel-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in death) Lest pue Due to (or es e consequence of): P.O. Box 68760. physician Physician/Medical Due to (or es e consequenca of): signed by the e Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the ceuee of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably ♣☐ Unknown of Vital Records, by 24b. Were autopsy findings aveileble prior to completion of cause of death? Completed 24e. Wes en autopsy performed? has this certificate 1 ☐ Yes 2 ☑ No 1 ☐ Yes 2 ☐ No. funeral director, 25. Wes case referred to medical Be 26. Piece of Death (Check only one) 9 Other: 4 ☐ Nursing Home 5 ₺ Residence 8 ☐ Other (Specify) 1⊠ Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Certification: 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28d. Describe how injury occurred 28b. Time of 28c. Injury et Work? After Division 1 Neturel 5 Pending investigation 1 Yes 2 No deeth. 2 Accident Director: 3 Suicide 6 Could not be Location (Street end Number or Rurel Route Number, City or Town, State) 28e. Placa of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 ☐ Homicide Medicai 29a. Certifier 1 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, dete end plece, and due to the cause(s) and menner es stated. 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, end due to the ceuse(s) and menner steted. 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Dey, Year) Deputy D 06054 07-04-1997 30. Neme end eddress of person who completed cause of deeth (item 23e) (Type, Print) William P. Jones M.D. 695 America Court 21035

State Registrar 31. Dete filed (Month, Dey, Year)

JUL 0 7 1997

32. Registrar's Signeture



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		BT8	M#6 PER F.H. FLM#G749 7/9/9	7 J.A.	Cer	tificate of	Death	F	Reg. No.			
			Decedent's Name (First, Middle, Last)	2,1111			100	2. Data of Dea	ith	V	3. Time of Death	
	Physic /Medi		ROBERT THOMAS HALL,			Month JULY	Day 3 1	Year L997	5:00 P.M			
	Exami		4a. Facility Name (If not institution, give street end		4b. City, Town, or L	ocation of Death						
			9392 PARSLEY DRIVE			- 10 mm - 2.5 - 2.5 m - 5	ELLICOTT	CITY	ŀ	HOWAR	D	
	Funeral Director		5. Social Security Number 2.15-14-590.2 G. Sax Usual Residence of Decedent	7. Aga (In yrs	, last birthday) Ym.	If Under 1 Year Months Days		8. Date of Birth (Month, Day JULY	7, Year) 5,1923		lace (Steta or Foreign try) TIMORE, MD	
	show		10a. Stata 10b. County	10	Od. insida City Limits							
	vith the Maryla or 28a-f show	to	MD HOWARD ELLICOTT CITY								1 ☐ Yes 24 ☐ No	
	r 28a-f	Je C	MD HOWARD ELLICOTT CITY  10e. Street and Number  10f. Zip Code								itry?	
	23a or	<u>s</u>	9392 PARSLEY DRIVE				21042		II C	S.A.		
	items ?	Funeral		Dacedent Evar in U	J,S. 13. W	as Decedent of	Hispanic Origin? (Sp ban, Mexicen, Puerto	ecify Yes or No-		e - America		
21215-0020	# 6 E	by	1 Never Married 2 Married 1 XY	es 2∐ NoWW , Give or Dates: & KO	II	Yes, specify Cui		rican, etc.)	Specify	k, White, a		
5-0	"natural",	Completed	15. Decedent's Education (Specify only highest grede complete	(ad)	16a. Decede	ent's Usual Occu	ipation	ina	16b. Kind of Bu	siness/ind	justry	
21	C 1 41	nple	Elementary/Secondary (0-12) College	ge (1-4or 5+)			e during most of work ed)	mg				
		S	12TH GRADE		POLI	CE OFFI	CER		BALTIM	ORE (	CITY	
Maryland	iges 1 and 2 should be filed within to Health and Mental Hygiene. If item 27 is marked other than or other traumatic event, If a Me	Be	17. Father's Name (First, Middle, Last)				18. Mother's Nam	e (First, Middle,	Meiden Sumem	(0)		
Yla	2 should be f and Mental Is is marked of aumatic eve	2	GEORGE DENVER HALL				MARY E.					
Ma	and and is m		19a. Informant's Name/Relationship (Type, Print)				et end Number or Rui					
	Health em 27		ANNE K. HALL (WIFE)	200			Y AVENUE			-		
0	T it it		20a. Method of Disposition 1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal fi	OIII State		ition (Neme of etory or other pl		Date	20c. Location -	City or To	wn, Stata	
Baltimore,	permit. Pages 1 an Depertment of Heal Important: If item 2 any injury or other otice.		4 □ Donation 5 □ Other (Specify)	LOU		K MAUSO		7/7/97	BALTIMO	RE		
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			23a. Part 1 Enter the diseasa, or complications the shoot or heart failure. List only one cause	at caused the daa on each line.	th. Do not ente	r the mode of dy	ring, such as cardiac	or respiretory ar	rest,		Approximata Interval Between	
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	/Medical Examiner		Immediate Cause (Finat disaasa or condition resulting in death)	end fo	soluce						years	
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		Examiner	Sequentially list conditions, if any, leading to immadiate ceuse. Enter Undertying Cause (Disease or injury	Due to (	or as a consequ	ience of):	1				1	
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8		edicai	Due to (or as a consequence of):									
X	ng ng	5	d									
Box	d for	Cia	Part II. Other significant conditions contributing	a dooth but not so	nulting in the un	dod inc course	iven in Deat I	22h Did e	-h	adulture ea	the cause of death?	
P.0	The law requires that the death ce ate hes been signed by the attendi page 2 should be detached for use	hys	_		_	derlying cause g	Wen in Fait I.		obacco usa con	3 Prot		
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Records,	v require: been sig should b	8	Chronic pulmona. Hyper tensuin					24a. Was		24b. Wa	are autopsy findings allable prior to	
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tal	ysician: The list certificate he director, page	BeC	25. Was cese referred to medical				26. Place of Deal				7145 20140	
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0	9 Physeration		27. Manner of Death 28a. D	ate of Injury Month, Dey Year)	28b. Time of	28c. Inju		ome 5 Residence 6 Other (Spe 28d. Describe how injury occurred			<u>/</u>	
Ö	ath. r: Aft	atio	1 Naturat 5 ☐ Pending (/ 2 ☐ Accident investigation	nonth, Dey Fear)	Injury		Yes 2□No					
Division	s after death. I Director: After	27. Manner of Death 12 Naturat 2 Accident 3 Suicide 4 Homicide 28a. Date of Injury (Month, Dey Year) 28b. Time of Injury at Work? 1 Yes 2 No 28b. Injury at Work? 1 Yes 2 No 28c. Injury at Work? 1 Yes 2 No 28b. Place of Injury - At home, farm, street, factory, office 28b. Injury at Work? 1 Yes 2 No 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work? 28c. Injury at Work?									l Route Number,	
	To the Hospital or Attending Physical within 24 hours after death.  To the Funeral Director: After this completely filled in by the funeral directions.	edicai	29a. Certifier (Check only one) Certifying Phyalcian: To 2 Medical Examiner: On the and r	the best of my kno e basis of examina nanner stated.	owledge, death ation and/or inve	occurred at the testigation, in my	time, date and place, opinion, death occur	and due to the d red at the time, d	cause(s) and ma date and place,	nner as st and due to	ated. the cause(s)	
	To the To the Com	Ž	29b. Signature and title of sertific				nse number		29d. Date signed		Dey, Year)	
			19/1 Daire	6. m.	D.	DI	6810		JULY	6.1	147	
	15×1		30. Name and address of person who completed	ause of death (Ite	m 23a) (Type, F		UITE 101					
	1-		DR.WILLIAM D. PARNES -	- 11085 L	ITTLE P	ATUXENT	PARKWAY-1	ELLICOTI	CITY,	MD.	21044	

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Deeth 3. Time of Death Month Year **Physician** 1240 ELIZABETH HODGE (ANNie) JULY 1997 /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Hospito AK If Undar 24 Hrs. SINGI mene If Undar 1 Yaar 5. Social Sacurity Number 8. Data of Birth (Month, Day, Year) Birthplece (State or Foraign Country) 7. Aga (In yrs. last birthday) **Funeral** 1 ☐ M 2 🖫 Months Deys Min 214-46-7868 Yrs. Director Usuel Residence of Decedent death with the Marylend 10e State 10b. County 10c. City, Town or Location 10d. Insida City Limits permit. Peges 1 and 2 should be filed within 72 hours after death with the Manylen Department of Health and Mental Hygiene.
Important: if item 27 is marked other than "natural", or items 23s or 28s-1 show any injury or other traumatic event, if it Medical Experiment must be notified at any injury or other traumatic event, if its Medical Experiment must be notified at 1 Yes 2540 Director MD 10e. Streel and Number 10g. Citizen of What Country? 10f. Zlp Code USA 21133 Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 (1971)o If Yas, Give / Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marilel Status 14. Race - American Indien, Bleck, White, etc. 1 □ Never Merried 2 □ Married 1□ Yas 21346 Maryland 21215-0020 Specify. Specify: þ 35 Widowed 4 □ Divorced Black Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) Home. Maker NA touse 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Surneme) Be 10 Kichana alme 19e. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Routa Number, City or Town, Stete, Zip Code) 20b. Place of Disposition (Neme of cometery, crematory or other place) Beillaure L. COWON-Daughter MD. 212/1 Baltimore, 20e. Method of Disposition 20c. Location - City or Town, Steta Dete 1 Burial 2 Cremetion 3 Ramoval from State 4 Donetion 5 Other (Specify) Johnsville U.M. Church Cem Eldersburg, MD 21. Signeture of Funeral Service License 22. Name end Address of Fecility Imor Street MD. as or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, List only one cause on each line. Approximete Intervel Between Onset and Death **Physician** /Medicai Immediate Cause (Final A GRAM NEGATIVE SEPTICEHIA disease or condition resulting in deeth) **Examiner** Due to (or es e consequenca of) Examiner iclan and burial-transit DECUBITUS ULCERS Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or Injury that initiated events resulting in deeth) Lest Due to (or es a consequence of): attending physician END STAGE RENAL DISEASE Physician/Medical the Due to (or es e consequenca of) HYPERTENSION been signed by the atter Pert If. Other algorificant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? o 1 Yes 2 XNo 3 Probably 4 Unknown ۵ Records, þ 24b. Were eutopsy findings avellable prior to completion of cause of death? Completed 24e. Wes en eutopsy performed? page 2 1 ☐ Yes 2 No 1 ☐ Yes 2 XNo certificate Division of Vital To the Hospital or Attending Physician: within 24 hours effer death.

To the Funeral Director: Affer this certifics completely filled in by the funeral director, I Be 25. Was case referred to medical 26. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospital: 1⊠ Inpatient 2 □ ER/Outpetient 3 □ DOA 1 Yes 2 No 28e. Dete of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury et Work? 28d. Dascribe how injury occurred Certification: 1 ☑ Neturel 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Suicide 281. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Placa of injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier (Check only one) 1🕰 Certifying Phyelcian: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end manner es steted. Medical 2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, dete end plece, and due to the cause(s) end menner steted. 29b. Signeture end title of cartifier 29c. License number 29d. Date signed (Month, Day, Year) JLMD 2462321-15-9523 anin JULY 2, 1997 30. Neme and eddress of person who completed cause of deeth (Item 23e) (Type, Print)

2401 WEST BEWEDERE AVENUE /BALTIMORE, MD / 21215

who Davidson-Randelle

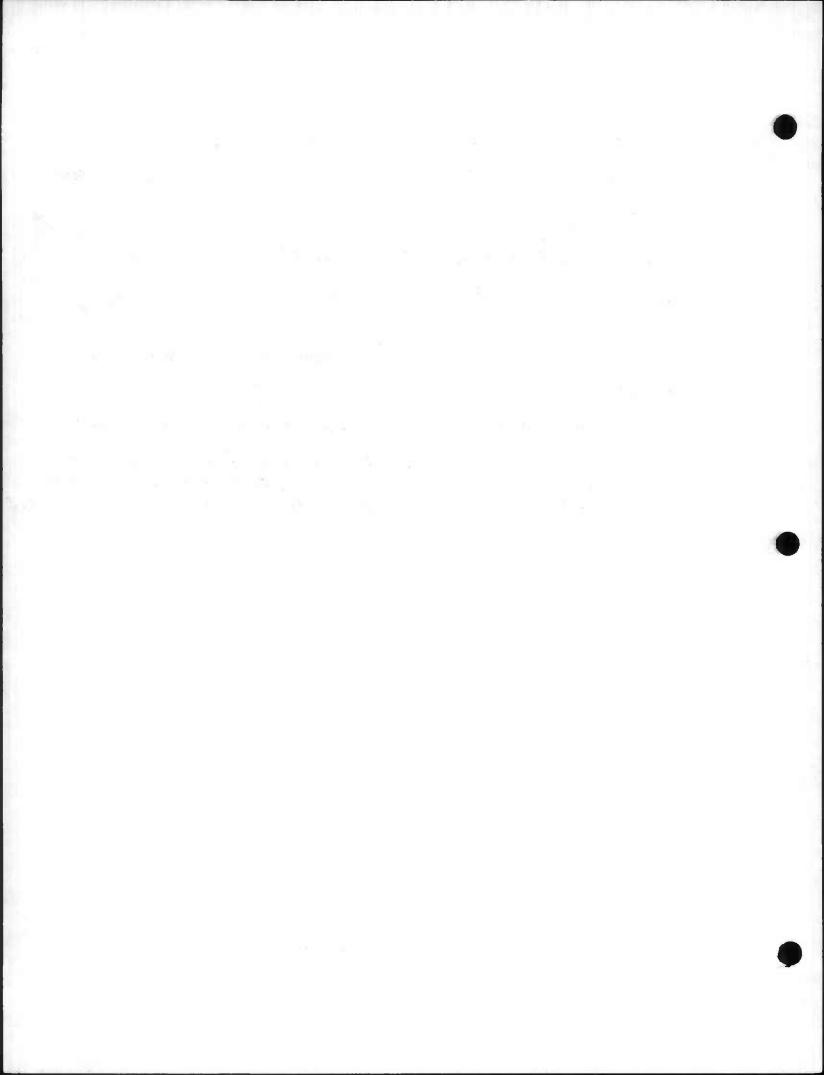
32. Registrer's Signeture

JUL U 7 1997 >

State Registrar

JANINE SMITH, MD

31. Dete filed (Month, Day, Yeer)



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

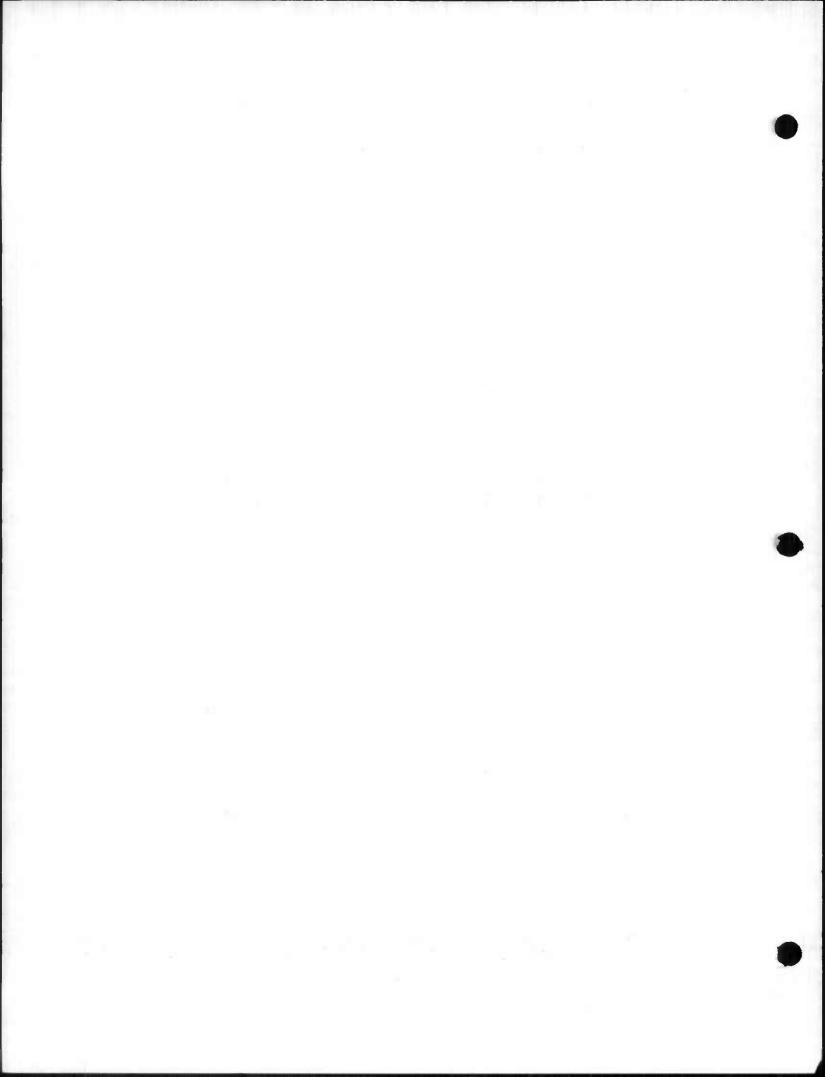
State of Maryland / Department of Health and Mental Hygiene 97 20378

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/Med Exam		4e. Fecility Name (If not institution, gir	ve street end numbe	r)	HOF	PIAN	4b. City, Town,	or Location of Dea	th 4c.	County of Deeth	eth .		
LAdiii	IIIEI										TMODE		
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and		10e. Stete 10b. County		10c. City,	Fown or Lo	cation				1	Od. Inside City Limits		
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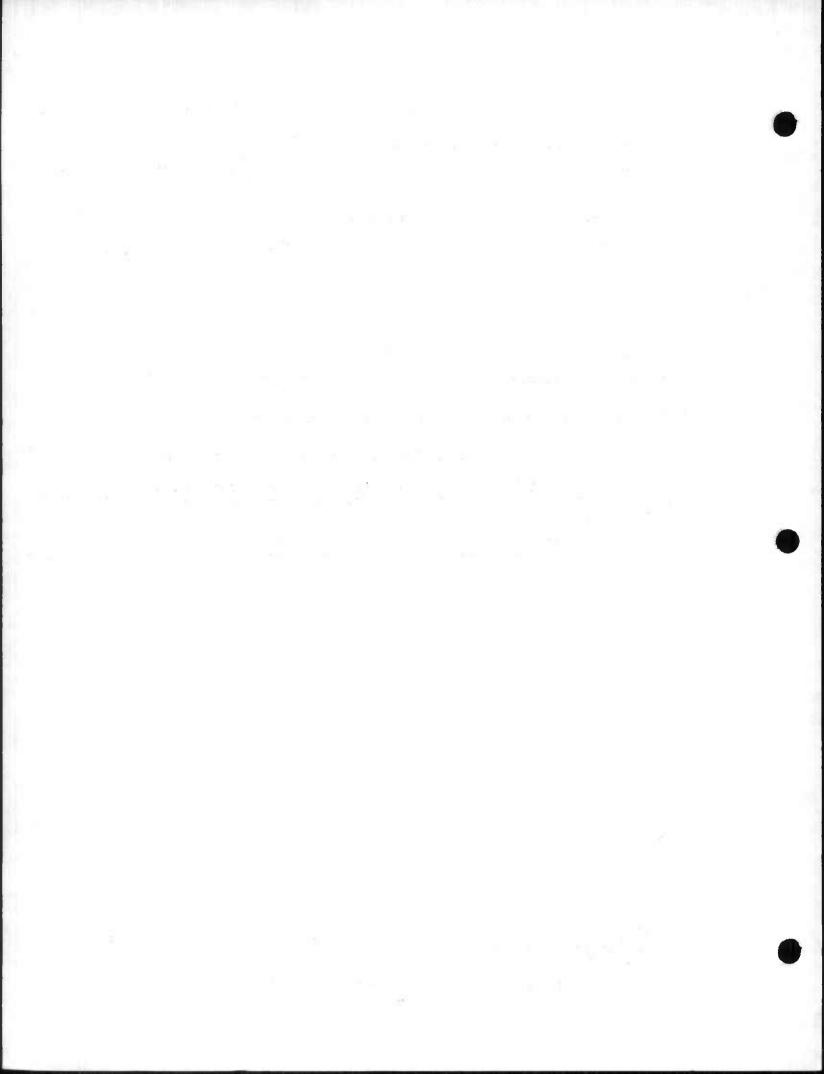
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State of Maryland / Department of Health and Mental Hygiene

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an	2 sho end h	<b>"</b>	19a. Informant's Name/Ralationship (	Type, Print)	19b.	Mailing Ad	ddrass (Strae	at and Numbe	r or Rura	Routa Number,	City or Town,	Stata, Zip C	oda)				
Σ	alth e 27 le	ļ ,	MARY M. MOYERS -	daughter	30	014 D	ELAWAF	RE AVE.	BAL	TIMORE,	MARYLAN	ID 212	27				
Baltimore,	permit. Pages 1 end 2 should Depertment of Health end Mer Important: If item 27 is marke any injury or other traumatic 2002.			Ramoval from State	cemeter	, crametor	ry or other pl		J								
Balti	Depertm Depertm Importar any inju		MARY M. MOYERS - daughter  3014 DELAWARE AVE. BALTIMORE, MARYLAND 21227  20a. Mathod of Disposition 1 Burial 2 Cramation 3 Ramoval from State 4 Donation 5 Other (Spacify)  20b. Place of Disposition (Nama of cemetery, crametory or other pleca) METRO CREMATORY INC.  21. Signature of Funeral Service Liebsee  22. Nama and Address of Facility STALLINGS FUNERAL HOME P.A.														
_			STALLINGS FUNERAL HOME P.A.  Hi Tary P. Stallings Cr. 3111 MOUNTAIN ROAD PASADENA, MARYLAND 21122  23a. Parti. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest.  Approximate														
			Hillary D. Stallingsor. 3111 MOUNTAIN ROAD PASADENA, MARYLAND 21122  23a. Parti. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.  Approximate interval Better that will be the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the complete of the co														
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ono	Attending Pt ar death. ector: After th by the funera		27. Mannar of Death 1 Natural 5 ☐ Panding 2 ☐ Accident investigation	28a. Dete of Injury (Month, Day Yea	(r) 28b. T	ijury	28c. Inj W M 1[	ury at ork? ⊒ Yes 2 □ I		28d. Describe ho	w injury occur	red					
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1	within view	Me	29b. Signatura and titla of certifiar	11	nz	7	29c. Lice	nsa number	7 /	29	d. Data signe	d (Month, De	ay, Yaar)				
)'	1/20		30. Name and address of person who	completed cause of death	(Item 23a) (	Type, Prjnt	0)	75	1	/	1/1	17					
		10	Thomas C. to/ke	mer 42 32. Ragistrar's S	31 I	Posta	1 Ct.	Yosa	den	a, Md.	2112	2					
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Funeral Director	ı	171-26-3621  Usual Residence of Decedent	1 <del>Q</del> M 2□F	67	Yrs. Months De		8. Date of Birth (Month, Dey May 30	, 1930	Pen	plece (Stete or Foreign htry) nsylvani	
D 1 1		10a. State 10b. County		10c. City, Tox	wn or Location				1	Od. Inside City Limits	
the Marylan r 28a-f show notified at	to	PA Delaw	are	Bro	okhaven					1 ⊠ Yes 2 □ No	
a or 28s	I Director	10e. Street and Number 706 Adams Dr	ive		10f. Zip Code	19015	1	10g. Citizen of V	Whet Cour	itry?	
WH)	by Funeral	11. Maritel Status  1 □ Never Married 2 ☒ Marr  3 □ Widowed 4 □ Divorced	12. Wes Deceder Armed Forces 1  Yes 2  If Yes, Give Yeer or Detes	s? ] No	13. Was Decedent of If Yes, specify C	of Hispenic Origin? (Spuban, Mexican, Puerto	pecify Yes or No- Rican, etc.)		ce - Americ ck, White. y: Whi		
	Completed	15. Deceden (Specify only highes	's Education	166	e. Decedent's Usuel Occ (Give kind of work doi life. DO NOT use ret	cupetion	ring	16b. Kind of B	usiness/In	dustry	
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2 85= 8		20e. Method of Disposition  1 ₺ Burlel 2 □ Cremetion 4 □ Donetion 5 □ Other (S)		cemet	of Disposition (Neme of ary, cremetory or other p 'homas the	n/a co.)		Chest			
permit. Pa Departmen Important any injury since.		21. Signature of Funeral Service	gross Zan	nine	Hardest	dress of Fecility y Funeral gely Aver	L Home	P.A.	s M	4 21401	
		23e. Fart F. Enter the disease, or shock, or heart failure. List	completions thet cause	ed the death. Do	10,20				5, M	Approximete Intervel Between	
Physician /Medical Examiner	r	Immediete Ceuse (Final disease or condition resulting in deeth)		oscler	otic coro				e i	Onset and Death mmediate	
led nsit	nje	b. — ,									
rifficete be axecuted ng physician end as the burial-transit	al Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or Injury Co.									
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death cert e attendin ed for use	Physician/								1	1	
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requ been shoul	Completed						24a. Wes e perfor	en eutopsy med?	ev	ere eutopsy findings ellable prior to mpletion of cause deeth?	
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ician: The certificate rector, pag	Be (	25. Wes case referred to medical exeminer?				26. Plece of Deet	h (Check only or	ne)			
0 0	To	1 XYes 2 No	Hospitet: 1  Inpat	tient 2 ER/O	utpetient 3□ DOA	Other: 4 Nursing Ho	ome 5 Reside	enca 6 Oth	er (Specif	y)	
		27. Menner of Death  1 St Neturel 5 Pending 2 Accident Investig	28d. Describe h	ow injury occur	red						
5 4 4 5	Certification:	3 ☐ Sulcide 6 ☐ Could r 4 ☐ Homlcide determi		ca	28f. Location (S City or Town	treet and Numb n, State)	ber or Rura	al Route Number,			
To the Hospital or within 24 hours afte To the Funeral Dir completely filled in	Medicai (		Physician: To the besi examiner: On the basis and menner s								
To th withir To th comp	Me	29b. Signature and little of certifier	rigge MB	i i	29c. Lice D286	ense number 6 4 0		3d. Dete signe			
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		Jeffrey Brigg	Date Land	rar's Signer		c Croito	i, Mary	rand .	2111	4	
Sta Registr		JUL 0 7 1997	grona Ba	udson- Jan	March .						



State of Maryland / Department of Health and Mental Hygiene 97 2038 Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth Month 20 AM INMAN CLARENCE JULY 1997 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death SECOURS HOSPITAL BALTIMORE N/A If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) XXM 2□F June 17, 1917 S.C. 10b. County 10c. City, Town or Location 10d. Inside City Limits N/A Baltimore MYes 2 No 10f. Zip Code 10g. Citizen of What Country? 1703 N. Bentalou 21216 U.S.A. Street 12. Was Decedent Ever in U.S. Armed Forces? 1 ☐ Yes ≥ 15No If Yes, Give Year or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) Rece - American Indien, Black, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 No Specify: Specify: Black 3 Widowed 4 Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 18b, Kind of Business/Industry Elementary/Secondary (0-12) Coilege (1-4or 5+) Steelworker Bethlehem Steel Corp. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Eddie Blackman Marie Inman 19a. Informant's Name/Relationship (Type, Print) wife 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 1703 N. Bentalou Street Baltimore, Md. 21216 20b. Placa of Disposition (Neme of cemetery, crematory or other place) 20c. Location - City or Town, State 1 Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Woodlawn Cemetery July 8 Woodlawn, Md. 22. Name end Address of Fecility Nutter Funeral Homes, Inc. 21. Signature of Funeral Service Licensee Ernest R. Terry 2501 Gwynns Falls PKWY Baltimore, Md. 21216 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heer feilure. List only one cause on each line . ACUTE MYOCARDIAL INFARCTION Due to (or as a consequence of): HYPERTENSION Due to (or es a consequence of) Due to (or as a consequence of): 23b. Did tobecco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown DEMENTIA 24b. Were autopsy findings availeble prior to completion of cause of death? 24a. Was an autopsy 1 ☐ Yes 2 ☐ No 1 Yes 2 No 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 28c. Injury et Work? 1 Yes 2 No 28f. Location (Street and Number or Rural Route Number, City or Town, State)

**Examiner** Examiner physician and the burial-transit Box 68760, Physician/Medicai P.0. Records, Ď Be Completed ate has certificate Division of Vital Hospital or Attending Physician:

| hours after death.
| Inneral Director: After this certifical think filled in by the funeral director, p. Certification: To

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

"natural", or items 23a or 28a-f show edical Examiner munt be notified at

Pages 1 and 2 should be filed within 72 hours after of order of Health and Mental Hygiene.
Int: If fem 27 is marked other than "netural", or file into or other traumatic event, the Mental Experiments or other traumatic event, the Mental Experiments.

Department of Important: If any injury or

**Physician** /Medical

Baltimore, Maryland 21215-0020

Director

Funerai

by

Completed

Be

the Maryland

5. Sociel Security Number

10e. Street and Number

12th Grade

Sarah Inman

20a. Method of Disposition

Immediete Cause (Final

disease or condition resulting in death)

11. Marital Status

10a State

Md.

249-10-0100

Usual Residence of Decedent

Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ALZHEIMER'S 25. Was case referred to medical 1 Yes 2 No 27. Menner of Death 1 Matural Investigation 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, end due to the cause(s) end menner es steted.
2 Medical Examiner: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signature end title of certifier

29c. License number

SECOURS

29d. Date signed (Month, Day, Year)

30. Neme and eddress of person who completed cause of death (Item 23a) (Type, Print)

THOMAS MILLER BON

HOSPITAL

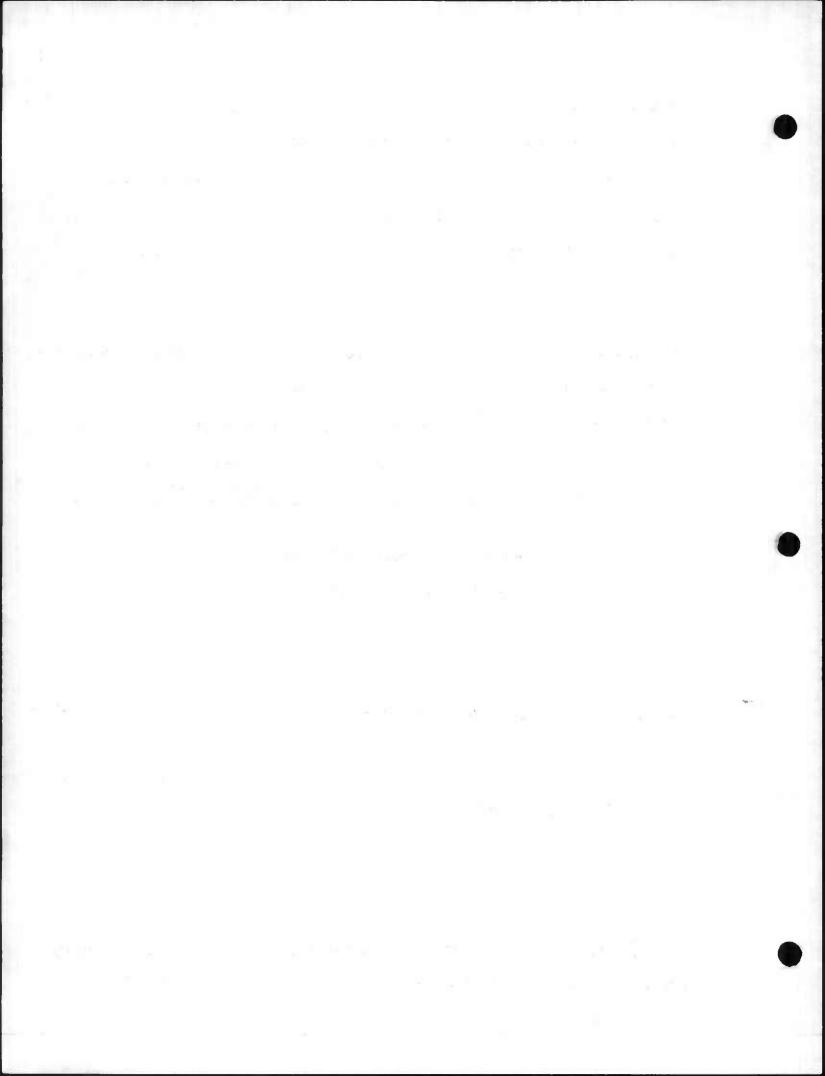
State Registrar

Medical

31. Date filed (Month, Dey, Year) JUL 07 1997



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### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 0.7

				С	ertificate of	Death	,	leg. No.	20382
Physici	an	Decedent's Name (First, Middle, L.	ast)				2. Date of Dea Month	Day Year	3. Time of Deeth
/Medic		LILLIAN	М.		ISAAC		JULY	5 199	
Examin	ner	4e. Facility Name (If not institution, g.				4b. City, Town, or		4c. County of Dec	
		Stella Maris 5. Social Security Number 6.		e (In yrs. last birthda	(v) If Under 1 Yea	TOW:			ore Co.
Funerai Director		215-40-9639 Usual Residence of Decedent	1□ M 2XF	53 Yrs.	Months Dave			7, Year) 3, 1943 M	irthplace (State or Foreign Sountry) aryland
yland		10a. State 10b. County		10c. City, Town or	Location				10d. Inside City Limits
a-f si	to	Maryland N/A		Baltimo	re				1 No 2 No
th with the 23a or 28	al Director	10e. Street and Number 1719 East 1	Lombard Str	eet	10f. Zip Code 2123	31	1	U.S.A	Country?
be filed within 72 hours efter deeth with the Maryland tiel Hygiene. d other than "natural", or items 23a or 28a-f show event, the Medical Examiner must be notified at	by Funeral	11. Marital Status  1 ☐ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☑ Divorced	12. Was Decedent I Armed Forces? 1 ☐ Yes 2 ☑ N If Yes, Give Year or Dates:	Ever in U,S. 1	3. Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 ☑ No		Specify Yes or No- to Ricen, etc.)	14. Race - Am Black, Wh Specify: W	
C 1 100	Completed	15. Decedent's Elementery/Secondery (0-12)	ducation ade completed) College (1-4or 5	(Gi	cedent's Usuel Occu ve kind of work done DO NOT use retir Home Ma	during most of wo	rking	16b. Kind of Business Own Home	
should be filed within and Mentel Hygiene.  Franked other than turnatic event, the Hygiene.	To Be C	17. Fether's Name (First, Middle, Las Char	•	icky			me (First, Middle, therine	Maiden Sumeme) Jewer	
	-	19e. Informant's Name/Reletionship	(Type, Print)	19b. Ma	iling Address (Stree	et and Number or Ri	urel Route Number	r, City or Town, State,	Zip Code)
4 - 2 -		Karen S. McCasl	kill (Daugh	ter) 23	St. Hele	ena Avenu	e, Dunda	lk, Maryla	nd 21222
6 6 -		20a. Method of Disposition	7-	20b. Place of Dis	position (Name of rematory or other pl	ace)	Date	20c. Location - City o	r Town, Stete
nit. Peges artment of I ortant: If he Injury or o		1 ☐ Burial 2 ☑ Cremetion 3 [ 4 ☐ Donation 5 ☐ Other (Spec	JRemoval from State		lount Ceme		7/8/97	Baltimore,	Maryland
permit. Peges 1 and Department of Heelth Important: If item 27 any Injury or other to once.		21. Signeture of Funeral Service Lice	1-+1	7	22. Name and Addi A. Alan 3818 Rol	ess of Fecility Seitz, J Land Aven	r. Funera ue, Balt:	al Home imore, Mar	yland 21211
		23a. Part1. Enter the disease, or con shock, or heert failure. List only	nplications that caused one cause on each lin	the deeth. Do not e					Approximate Interval Between
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uted d ansit	Examiner		. Ends	Due to (or as a cons PGE A Due to (or as a cons	exiphen	al Vasca	ulas Z	iseas e	8mos-
fician end		Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or Injury that initiated events	. 5/p R+	fem A	op graf	T WITH	wound )	nketin	2mos
To the set of	an/Medical	resulting in death) Lest	H/o cers	VICAL CA	ncence or s	Hepat	ic fair	lune.	194EARS
by the at	Physician/N	Part II. Other eignificant conditions	contributing to death bu	t not resulting in the	underlying cause g	iven In Part I.			to the cause of death?  Probably 4 (2) Unknown
igner bed	by						24e. Was a		Were autopsy findings available prior to
hes b	Completed						1 □ Y	es 20 No	completion of ceuse of deeth?
ysician: The is certificate director, pag		25. Wes case referred to medicet examiner?				26. Plece of Dec	eth (Check only on	10)	
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Attending Phir deeth.		27. Manner of Death 1 Netural 5 ☐ Pending 2 ☐ Accident Investigation		Year) 28b. Time Injury	Wo			ow Injury occurred	
Mer of in by	Certification:	3 Suicide 6 Could not be determined	28e. Plece of Inju building, etc.		street, factory, office		28f. Location (St City or Town	reet and Number or F n, State)	Rurel Route Number,
	edical	29a. Certifier (Check only one) 12 Certifying Pi	nysician: To the best of niner: On the basis of and manner stat	examination and/or	oth occurred at the t nvestigation, in my	me, date and place opinion, death occu	, end due to the carred et the time, d	ause(s) and manner a ate and plece, end du	s stated. e to the cause(s)
To the Comp	Girls II	29b. Signeture end title of certifier	21	11	29c. Licen	se number	2	9d. Dete signed (Mon	th, Dey, Year)
		13/1	11-1		8 n	332K		July	5, 1997
2		30. Name end address of person who	completed duse of de	eth (Item 23c) (Typ	rint)	1201)			
0		DR Shirley	hompson	- Richal	ed < 2300	Dulaney	Valley R	d. Towson,	MD 21204
	e	31. Date filed (Month, Dey, Year) JUL 07 1997	32. Registre	's Signeture		-			

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1, Decadent's Nama (First, Middle, Last) 2. Data of Death 3. Time of Death Month 11997 3:12P ~illian MASOM July 4a. Facility Nama (If not institution, giva street and numbar) 4b. City, Town, or Location of Death 4c. County of Death Balto Mem mion NIA If Undar 24 Hrs. 8. Data of Birth
Hours Min. (Month, Day, Year) if Undar 1 Yaar 5. Social Sacurity Numbar 7. Aga (In yrs. last birthday) 6. Sax 9. Birthplaca (Stata or Foraign Country) Months Days 1□M 200 F 88 219-16-7646 Yrs July 19 Md. Usual Rasidanca of Decadant 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 1 Yes 2 No Md Baltimore NIA 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? 2503 Winchester 21216 U.S.A 14. Race - Amarican indian, Black, Whita, atc. 12. Was Dacedant Evar in U,S. Armed Forcas? Was Dacedant of Hispanic Origin? (Specify Yas or No-if Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 1 ☐ Navar Married 2 ☐ Married 1 ☐ Yas 2 ☑ No If Yas, Giva Yaar or Datas: 1 ☐ Yas 2 No 3 Widowad 4 ☐ Divorced Black 16a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa ratired) 15. Dacedant's Education (Spacify only highast grade completed) 16b. Kind of Businass/Industry Elemantary/Sacondary (0-12) College (1-4or 5+) Religion Church Musician Zyrs. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Surnama) Ed ward Jogan 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) Rev. William Koko Balto. Johnson 2107 Md. 21216 hane 20b. Place of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, State Data 1 ■ Burial 2 □ Cramation 3 □ Ramoval from Stata 4 □ Donation 5 □ Othar (Specify) 9/91 Balto, Md Arbutus 21. Signature of Funaral Sarvice Licensas James A. I...
1701 Laurens 22. Nama and Addrass of Facility Sons ton St. A. Mor ames Balto, Md Won 23a. Par / Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, share, or heart failure. List only one cause on each line. Approximata Intarval Between Onsat and Death Immediata Causa (Final lower Lope Pneumonia diseasa or condition rasulting in daath) Due to (or as a consaquanca of): SIS Sequentially list conditions, if any, leading to immadiata causa. Entar Undarlying Cause (Diseasa or Injury that Initieted avants Dua to (or as a consequance of): renal MILLER that initieted avants resulting in death) Last Dua to (or as a consequence of): Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Was an autopsy performed? 24b. Wera eutopsy findings available prior to completion of ceuse of death? 1 Yas 2 No 1 Yas 2 No 25. Was casa rafarred to medical axaminar? 28. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 20 Mo 1 ☐ Impatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Dey Year) 27. Mannar of Death 28c. injury at Work? 28d. Dascribe how injury occurred 5 Panding Investigation

**Physician** /Medical Examiner

**Physician** 

/Medical

**Examiner** 

Director

Funeral

à

Completed

Be

**Funeral** 

Director

7 is marked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinar must be notified at

the Marylend

72 hours after

permit. Pages 1 and 2 should be filed within 1 Department of Health and Mental Hygiens Important: If Iem 27 is marked other than 'n any Injury or other traumatic avant

Baltimore, Maryland 21215-0020

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3 page 2

Examiner Certification: To atter

Physician/Medicai à Completed Be

1 Natural

2 Accidant

3 Suicida

29a, Certifian

4 Homicide

31. Data filed (Month, Day, Year)
JUL 0 7 1997

Attending 6 To the Hospital within 24 hours a To the Funeral C completely Illed

to

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State Registrar

edicai

20b. Signature and title of certifier s of person who complated causa of deeth (Item 23a) (Type, Print)

6 Could not be datamined

2 E. University Parkney 32. Registrar's Signatura

Certifying Physician: To the best of my knowledge, death occurred et the time, deta and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, end due to the causa(s) and manner steted.

29c. License number

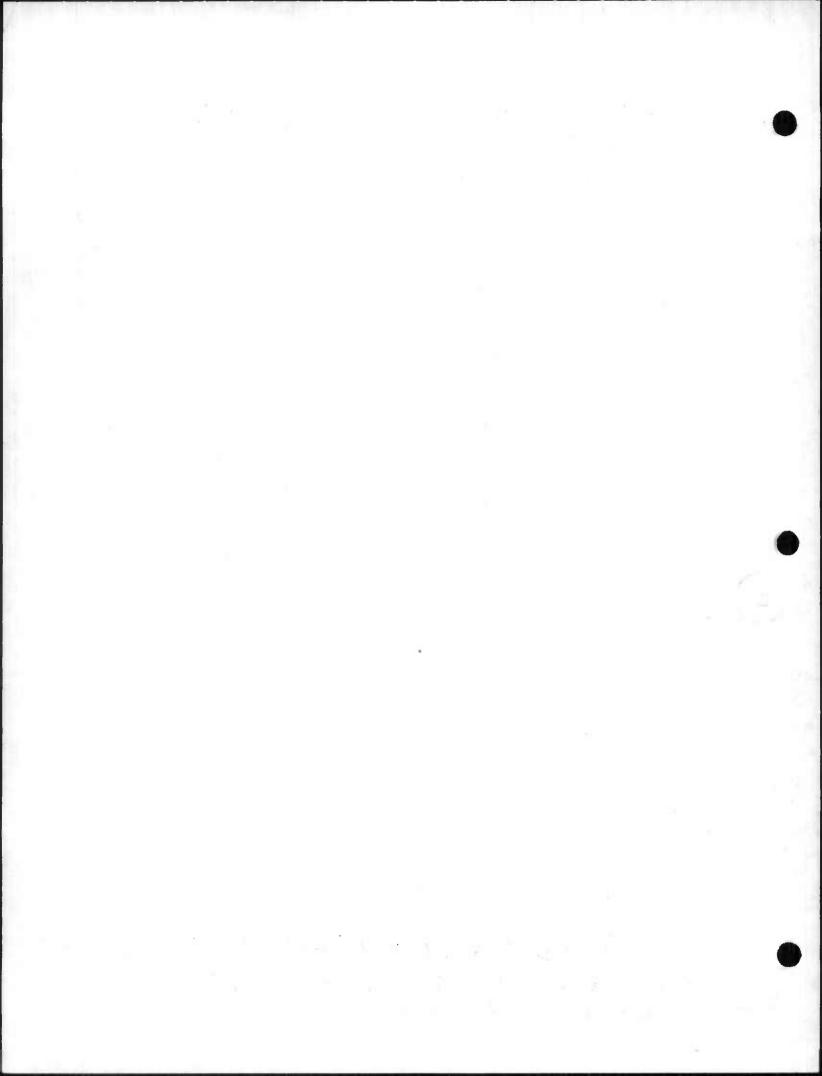
28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify)

1 Yas 2 No

T2438946

28f. Location (Street and Number or Rural Routa Number, City or Town, Stete)

**DHMH 16 Rev 6/95** 



requires that the death certificate be executed physician and s the burial-trans Records, P.O. Box 68760, signed by the a certificata Division of Vital this we Hospital or Attending in 24 hours after death. We Funeral Director: After

**Physician** 

/Medical

Examiner

Director

Funeral

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**Funeral** 

Director

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altimore, Maryland

Pages 1 and 2 should hent of Health and Men

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Physician /Medical

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(Check only one)

29a. Certifier

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2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, daeth occurred et tha time, data end pleca, and dua to tha cause(s) and mannar stated.

29b. Signeture end title of certifier

29c. Licansa number 29d. Date signed (Month, Day, Year)

m eun, 30. Name end eddrass of person who completed causa of daath (Itam 23a) (Type, Print)

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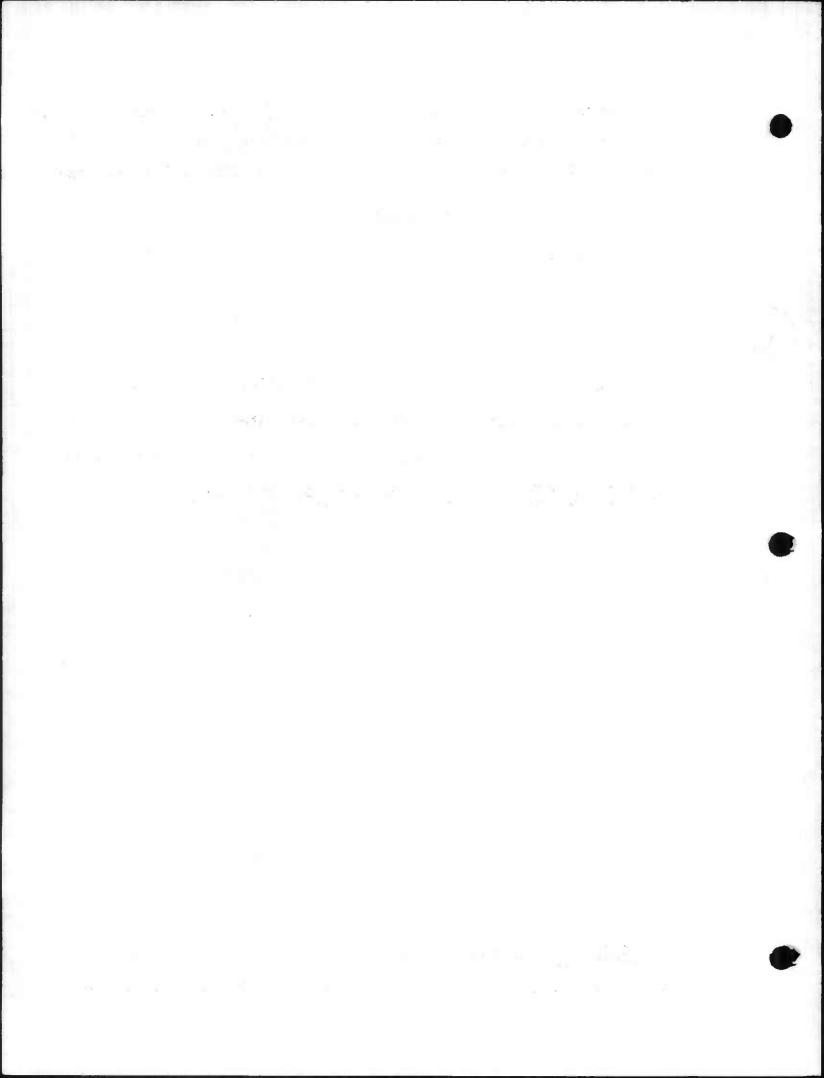
Stanlay R. M.D. 1517 Ritchia Hy Annold mo ZLOIL Weimer

State

32. Registrar's Signature whit Savidson

Registrar **DHMH 16 Rev 6/95** 

To the To the To the



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middle Last, 2. Date of Daath 3. Tima of Death **Physician** Month Day 1997 June 30, Klara Katz 9:06 P.M. /Medical 4a. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Daath Examiner Hebrew Home of Greater Washington Rockville Montgomery 5. Sociei Security Number If Undar 1 Year If Undar 24 Hrs. 7. Aga (In yrs. last birthday) 8. Data of Birth (Month, Day, Year) April 16, Birthplaca (State or Foreign Country) **Funeral** Months Days Year) 1□M XXF Hours 057-20-2362 Director Yrs. 1908 Germany Usual Rasidanca of Decedent the Maryland 10a. State 10b. Counts 10c. City, Town or Location 28a-f show 10d. inside City Limits Director 1 XX as 2 □ No Maryland Montgomery Rockville 10e. Street end Number 10f. Zip Coda 10g. Citizan of What Country? 6 items 23a 6121 Montrose Road 20852 U. S. A. death Funeral Wes Dacedant Evar in U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puerto Rican, atc.) Black, White, etc. Peges 1 and 2 should be filed within 72 hours after nent of Health and Mental Hygiena. 1 Nevar Merriad 2 Marriad 1 ☐ Yas 2 XXo If Yas, Giva Yaar or Datas: Baltimore, Maryland 21215-0020 "naturel", or 1 Yas 2 XX Specify: þ Specify: 3 XXVidowed 4 □ Divorced White Completed th and Mental Hygiena.
7 Is marked other than "natur traumatic event, Inc. Medical 16a. Decadant's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Businass/Industry Elementery/Secondary (0-12) Collage (1-4or 5+) Assembly Worker Souvenirs 8th Grade 17. Fethar's Name (First, Middle, Last) 18. Mothar's Nama (First, Middle, Malden Sumame) Be Lena Zimmerman Levi Lowenstein 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20906 int of Health and it if Item 27 is no other traum 15115 Interlachen Dr., Apt. 816, Silver Spring, Md. Moses Katz 20b. Plece of Disposition (Name of cemetery, crematory or other placa) 20a. Method of Disposition 20c. Location - City or Town, Stata 1XXBurlal 2 Cramation 3 Ramoval from State permit. Pege Department of Important: If eny Injury or 4 ☐ Donetion 5 ☐ Othar (Specify) Beth El Cemetery July 2, 1997 Westwood, New Jersey 22. Name and Address of Facility
STEIN HEBREW MEMORIAL FUNERAL HOME, INC.
232 CARROLL STREET, N.W., WASHINGTON, D.C. 20012 21. Signetura of Funeral Sarvica Licansaa 23e. Part1. Enter the disease, or complications thet caused the deeth. Do not anter the mode of dying, such es cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Intarval Between Onset and Death **Physician** /Medical Immediata Causa (Final Dementia disaasa or condition rasulting in death) Examiner Dua to (or as a consequence of) Physician/Medical Examiner Sequantially list conditions, if eny, laading to Immadiata causa. Entar Undarlying Cause (Diseasa or injury that initiated events rasulting in deeth) Last Dua to (or as a consequence of) P.O. Box 687 Dua to (or as a consequence of) The law requires that the death certifical Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? depression 1 Yes 2 No 3 Probably 4 Unknown of Vital Records, by Completed 24a. Was an autopsy performed? 24b. Wera autopsy findings eveilebla prior to complation of cause of death? certificate hes SENO il or Attending Physician: 's after death.' Be 25. Wes casa raferred to medical 26. Placa of Death (Check only one) Othar: Nursing Homa 5 Residence 8 Othar (Specify) 2 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatlent 3 ☐ DOA 27. Mennar of Death Date of Injury (Month, Day Year) Certification: 28c. Injury at Work? 28d. Dascribe how Injury occurred 28b. Tima of Division Neturel 5 Panding invastigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicida 3 Placa of Injury - At homa, farm, streat, factory, office building, atc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 4 Homicide To the Hospital o within 24 hours aft To the Funeral DI Certifying Physician: To tha best of my knowledge, daeth occurred at tha time, dete and place, and due to the causa(s) and manner as statad.

Medical Examiner: On the best of examinetion and/or investigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) and manner steted. Medical completely (Check only 29b. Signatura and titla of certifian 29c. License number 29d. Data signad (Month, Day, Year) 30. Name and address of person who complated cause of death (Item 23a) (Type, Print)
Bush I. Feldman M.D., 6105 Mombrose Rd., fockville MD Registrar

DHMH 16 Rav 6/95



7. Age (In yrs. lest birthday)

State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Deta of Deeth Month Yeer Kucha

Glen Burnie
If Under 1 Year If Under 24 Hrs. 8, Dete of Bi

4b. City, Town, or Location of Death

10,50 PM

1997

Anne Arundel

4c. County of Death

**Physician** /Medical **Examiner** 

Anthony

5. Sociel Sacurity Number

4a. Facility Neme (If not institution, give street end number)

6. Sax

NorthArundel

**Funeral** 

8. Dete of Birth (Month, Day, Birthplece (State or Foreign Country) 1**√1** 2□ F Days Hours 79 217-07-2353 Yrs. 19/1917 Director U.S.A. Usual Residence of Decedent filed within 72 hours after death with the Maryland 10a Steta 10b. County 10c. City, Town or Location 10d. inside City Limits 28a-f show 7 is marked other than "natural", or items 23s or 28s-f shot traumatic svent, the Modical Examiner must be notified as MD ANNE ARUNDEL GLEN BURNIE Director 1 □ Yes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 238 922 LANGLEY ROAD U.S.A. 21060 Funeral 12. Wes Dacadent Ever in U,S. Armed Forces? Was Dacedant of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Maxican, Puerto Ricen, etc.) 14. Race - Amarican Indian, Bieck, White, etc. 1 Naver Married & Married Yes 2 Ne f Yes, Give Year or Detes: 1 Yes 2 No Specify: Completed by 3 ☐ Widowed 4 ☐ Divorced Specify: WHITE 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grede completed) Pages 1 end 2 should be filed withir nent of Haalth end Mental Hygiene. int: If item 27 is marked other than Elamantary/Secondary (0-12) Cotlega (1-4or 5+) BRICK YARD MAINTENANCE Maryland 17. Fathar's Name (First, Middla, Last) 18. Mother's Name (First, Middla, Malden Sumeme) Be JOHN KUCHAR CHRISTINE BRYL 19e. Informent's Neme/Reletionship (Type, Print) 19b. Meiling Address (Streat and Number or Rural Route Number, City or Town, Stete, Zip Code) MARIE A. KUCHAR 922 LANGLEY RD., GLEN BURNIE, MD 21060 other Baltimore, 20b. Plece of Disposition (Name of cemetery, cramatory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 1 😡 🗫 related 2 □ Cremetion 3 □ Remove i from State injury or GLEN HAVEN MEM. PK. 7/5/97 4 ☐ Donation 5 ☐ Other (Specify) GLEN BURNIE, MD 21. Signature of Filmeral Service License 22. Nama and Address of Fecility RAYMOND C. FINK FUNERAL HOME 426 CRAIN HWY., SW., GLEN BURNIE, MD 21061 23e. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such es cerdiac or respiratory errest, shock, or heart failure. List only one ceuse on sech lina. Approximata Interval Between Onsat and Deeth **Physician** /Medical Immediate Ceusa (Finat disease or condition resulting in deeth) Examiner Examiner Duemou a The law requires that the death certificate be executed Sequantially list conditions, if eny, laading to immediate cause. Enter Underlying Cause (Disaese or injury that initiated events resulting in death) Last Due to (or es e consequence of): Box 68760. signed by the attending physicien d be detached for usa es the buria Physician/Medical Due to (or as a consequence of): Part II. Other significant conditions contributing to death but not rasulting in the underlying ceuse given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contributs to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Completed by 24b. Were eutopsy findings available prior to completion of cause of daeth? 24e. Wes an autopsy performed? peen certificate 1 ☐ Yes 2 ☐ No or Attanding Physician: director, Be 25. Wes cesa referred to medicel examiner? 26. Place of Deeth (Check only one) ٥ 1 Yes 2 No Other: 4 Nursing Home 5 Rasidance 6 Other (Specify) inpatient 2 ER/Outpetlent 3 DOA this funerel 27. Menner of Death 28e. Dete of Injury (Month, Dey Year) 28b. Time of Certification: 28c. injury et Work? 28d. Describe how injury occurred After 1 Neturel 5 Pending after de.

I Director: After 1 Yes 2 No 2 Accident investigation 6 Could not be datermined 3 Suicide 28f. Location (Straat and Number or Rural Route Number, City or Town, State) 28a. Place of Injury - At home, ferm, straat, factory, office building, etc. (Specify) 4 Homicida 1 Certifying Physician: To the best of my knowladga, daath occurred et the tima, deta and placa, and due to the ceuse(s) end menner es steted.
2 Medicat Examiner: On the basis of examination and/or investigation, in my opinion, daeth occurred at the time, deta and place, and due to the ceuse(s) end menner stated. 29e. Cartifier Medical (Check only one) 29b. Signetu e and titla of certifier 29d. Date signed (Month, Dey, Year)

address of person who completed ceusa of death (Itam 23a) (Type, Print)

32. Ragistrar Signeture

State Registrar

## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 20387

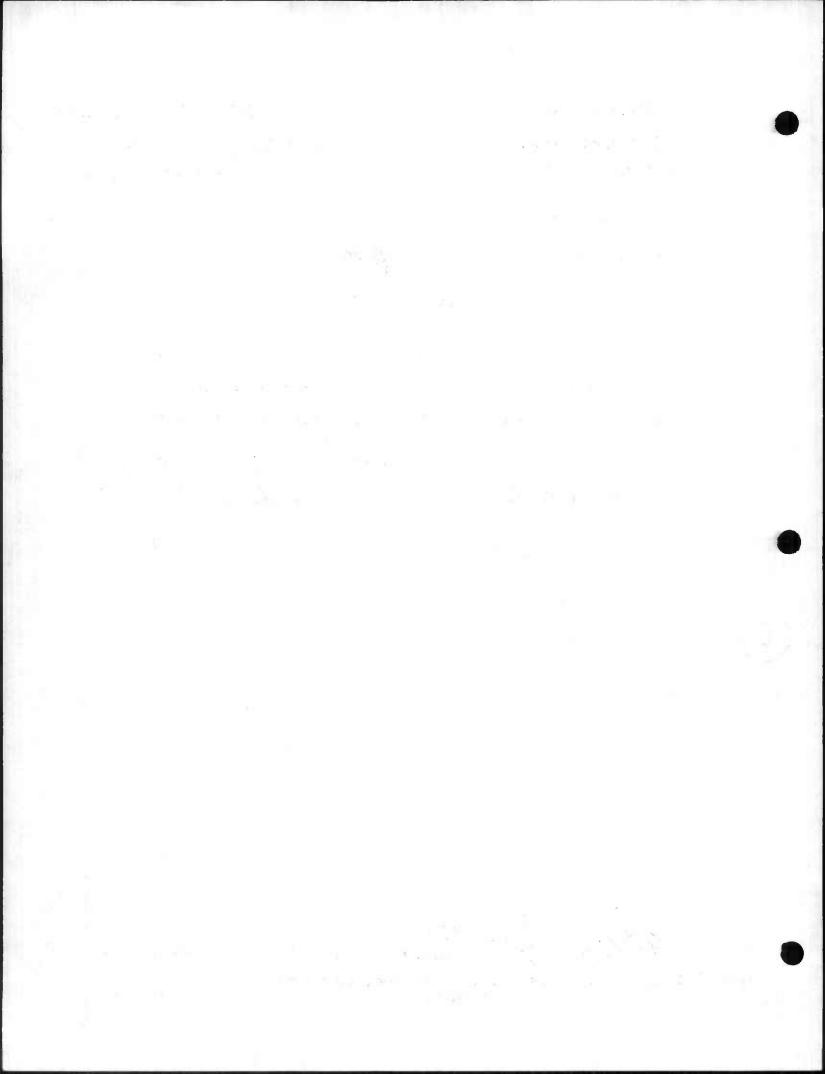
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LAUI		Washington Adv	ventist Ho	spita1		Tocoma			omery	
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the Maryland 28a-f show	Por	Usual Residence of Decedent  10a. State  10b. County  NJ  Burli	ngton	10c. City, Town	or Location					de City Limits
r 28a	Director	10e. Street and Number	ngton	HOL	10f. Zip Code		10	g. Citizen of W	/het Country?	
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To the Hospital or Attending Physician: The i within 24 hours after death. To the Funeral Director: After this certificate his completely filled in by the funeral director, page	Certification:	2 Accident Investigatio 3 Suicide 6 Could not b 4 Homicide determined	99 Place of Injury	Yes 2 No	28f. Location (Stre City or Town,	eet and Numbe State)	r or Rural Route	Number,		
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		30. Name and address of person who RAMAN R. TUL	completed ceuse of deep	th (Item 23a) (Ty	STREET,	MT. RAI	NIER,	mD S	20712	2
S Regis	tate trar	31. Date filed (Month, Day, Year)  JUL 0 7 1997	32. Régistrar's	Significant	•					

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State of Maryland / Department of Health and Mental Hygiene 97

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		Henry W. Kemp Jr.	/ Brother					Linthicu					
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Regist	rar	JUL 0 7 1997											



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No 1. Decedent's Neme (First, Middle, Lest) 2. Date of Deeth **Physician** 26 Pay Ju Jun Kwoun June 1999 3:00 AM /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** 1403 Fairbanks Drive Anne Arundel Hanover 5. Social Security Number If Under 1 Year if Under 24 Hrs. 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Day, Year) APR 10, 1919 9. Birthplace (Stete or Foreign **Funeral** Days Months 1 □ M 2 🕽 F Hours 214-96-6545 78 Director Usuel Residence of Decedent the Maryland 10a. State 10c. City, Town or Location 28a-f show 10d. Inside City Limits traumatic event, the Medical Examiner must be notified at Director Md. Anne Arundel Hanover 1 ☐ Yes 2 XNo 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò permit. Pages 1 and 2 should be filed within 72 hours efter death v Department of Health and Mental Hygiene.

Important: if item 27 is marked other than "natural" and other traumatic even. 1403 Fairbanks Drive 21076 Korea Funeral 12. Was Decedent Ever in U,S. Armed Forces? 11 Marital Status 13. Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian ☐Yes 2X No Yes, Give 1 Never Married 2 Married 1 ☐ Yes 2X No Specify: п Yes, Give Year or Dates: þ Korean 3 Widowed 4 Divorced Completed 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) Coltege (1-4or 5+) Homemaker Own Home 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be Yong Sik Kang Yang Pyund Song 19e. Informant's Name/Relationship (Type, Pnint) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 1403 Fairbanks Drive, Hanover, Md. Jin Hyun Kwoun - son 20e. Method of Disposition
1 ☑ Burial 2 ☐ Cremation 3 ☐ Removal from State 20b. Place of Disposition (Neme of cemetery, cremetory or other plece) Date 20c. Location - City or Town, State 6/28/97 Elkridge, Md. Meadowridge Memorial Park 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signatura of Funeral Service Liceusee Cary L. Kaufman Funeral Home at Meadowridge 7250 Washington Blvd., Elkridge, Md. Part : Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximate Intervel Between Onset end Deeth Physician Immediate Cause (Final disease or condition resulting In death) /Medical Examiner Due to (or as a consequence of) Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Lest Due to (or as a consequence of): Physician/Medical Due to (or es e consequence of): The law requires that the death signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown by 24b. Were autopsy findings eveileble prior to completion of cause of death? Completed 24a. Was an autopsy performed? page 2 has certificate 1 Yes 2 No 1 Yes 22 No Hospital or Attending Physician: funeral director, 25. Was case referred to medical examiner? Be 28. Place of Deeth (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 1 Yes 2 No Other: 4 Nursing Home 5 Pesidence 6 Other (Specify) Certification: To this 28a. Date of Injury (Month, Dey Year) 27. Manner of Deeth 28d. Describe how Injury occurred 28c. Injury at Work? After 1 Naturel 5 Pending Investigation s efter death. 1 Yes 2 No 2 Accident the 6 Could not be determined 3 Sulcide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) illed in by 4 Homicide 24 hours 29a. Certifier 12 Certifying Physician: To the best of my knowledge, death occurred at the time, date and plece, and due to the cause(s) and menner as stated. Medical completely (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, dete and piece, and due to the cause(s) end manner stated. within 2 To the ş 29b. Signature end title of certifier 29d. Dete signed (Month, Dey, Year) 0 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

Tahway

32. Registrer's Signature

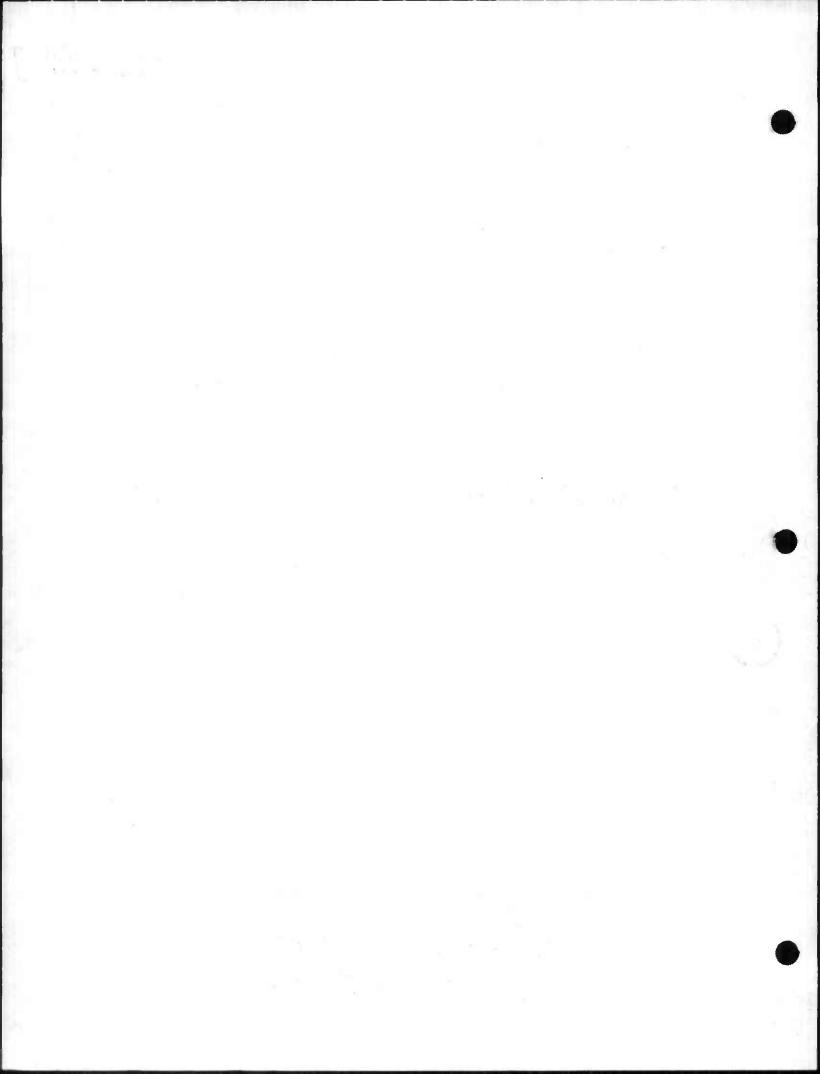
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31. Date filed (Month, Day, Year)

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State Registrar



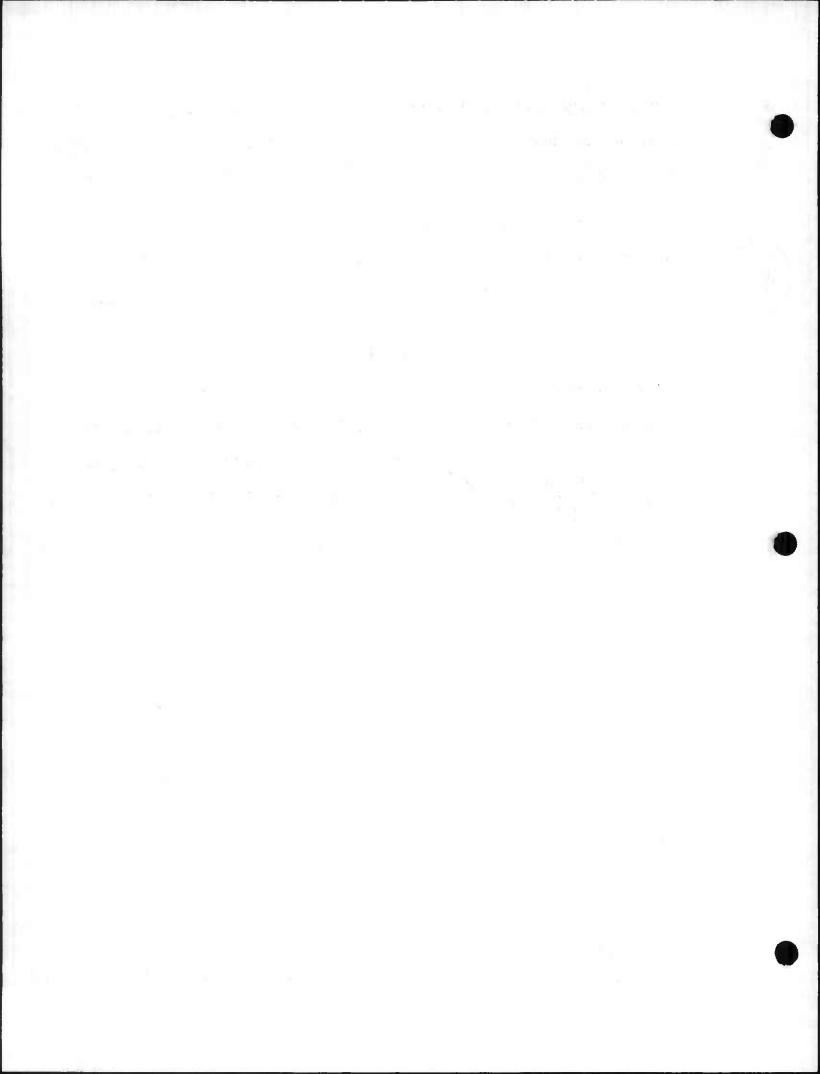
State of Maryland / Department of Health and Mental Hygiene 97 20390

						Cer	tificate of	Death			Reg. No.				
			1. Decedent's Name (First, Middle,	Last)						2. Data of De		Vasi	3. Time of Death		
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	EAGITI	1101	Alice Mand	r Nursing	Home			Ba1	timo	re	N/A	year 4:45 pm  ty of Death A  9. Birthplaca (State or Foreign Country) and  10d. Inside City Limits 12 Yas 2 \( \text{No}\)  10d. Inside City Limits 12 Yas 2 \( \text{No}\)  10d. Inside City Limits 12 Yas 2 \( \text{No}\)  10d. Inside City Limits 12 Yas 2 \( \text{No}\)  10d. Inside City Limits 12 Yas 2 \( \text{No}\)  10d. Inside City Limits 12 Yas 2 \( \text{No}\)  10d. Inside City Limits 12 Yas 2 \( \text{No}\)  10d. Inside City Limits 12 Yas 2 \( \text{No}\)  10d. Inside City Limits 12 Yas 2 \( \text{No}\)  10d. Inside City Limits 12 Yas 2 \( \text{No}\)  10d. Inside City Limits 12 Yas 2 \( \text{No}\)  10d. Inside City Limits 12 Yas 2 \( \text{No}\)  10d. Inside City Limits 12 Yas 2 \( \text{No}\)  10d. Inside City Limits 12 Yas 2 \( \text{No}\)  10d. Inside City Limits 12 Yas 2 \( \text{No}\)  10d. Inside City Limits 12 Yas 2 \( \text{No}\)  10d. Inside City Limits 12 Yas 2 \( \text{No}\)  10d. Inside City Limits 12 Yas 2 \( \text{No}\)  10d. Inside City Limits 12 Yas 2 \( \text{No}\)  11d. Inside City Limits 12 Yas 2 \( \text{No}\)  11d. Inside City Limits 12 Yas 2 \( \text{No}\)  11d. Inside City Limits 12 Yas 2 \( \text{No}\)  11d. Inside City Limits 12 Yas 2 \( \text{No}\)  11d. Inside City Limits 12 Yas 2 \( \text{No}\)  11d. Inside City Limits 12 Yas 2 \( \text{No}\)  11d. Inside City Limits 12 Yas 2 \( \text{No}\)  11d. Inside City Limits 12 Yas 2 \( \text{No}\)  11d. Inside City Limits 12 Yas 2 \( \text{No}\)  11d. Inside City Limits 12 Yas 2 \( \text{No}\)  11d. Inside City Limits 12 Yas 2 \( \text{No}\)  11d. Inside City Limits 12 Yas 2 \( \text{No}\)  11d. Inside City Limits 12 Yas 2 \( \text{No}\)  11d. Inside City Limits 12 Yas 2 \( \text{No}\)  11d. Inside City Limits 12 Yas 2 \( \text{No}\)  11d. Inside City Limits 12 Yas 2 \( \text{No}\)  11d. Inside City Limits 12 Yas 2 \( \text{No}\)  11d. Inside City Limits 12 Yas 2 \( \text{No}\)  11d. Inside City Limits 12 Yas 2 \( \text{No}\)  11d. Inside City Limits 12 Yas 2 \( \text{No}\)  11d. Inside City Limits 12 Yas 2 \( \text{No}\)  11d. Inside			
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	be filed within 72 hours efter death with the Maryland hal Hygiene. Id other than "natural", or items 23a or 28a-f show event, the Medical Exerteet must be notified at	Funeral Director				10.1	Mar Danada da d		1.0.10	7 1	44 0				
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ore	oth oth		20a. Method of Disposition		come	of Dispos	sition (Neme of netory or other ple	ice)		Date	20c. Location -	City or To	own, Siaia		
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			23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, into shock, or heart failure. List only one ceuse on each line.												
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			1) ICOTARO	DI	mon)		3730	· f	ALL	214	DA	21/	1)		
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### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 20301

			State of Maryla		cate of		wichtai riy	Reg. No.	1 6	.0391
Physi	cian	Decedant's Nama (First, Middla, Last	,				2. Data of De Month	eath Day	Yaar	3. Tima of Death
/Med		Margaret Kay H	amilton Lev	zelle			1 _	30, 19		5:45 PM
Exam	iner	4a. Fecility Nama (If not institution, give				4b. City, Town, or	Location of Deat	4c. County	of Death	
		5343 Sudley Ro	ad			West Ri	ver	Anne	e Arı	undel
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2 *		Usual Residence of Decedant  10e. Stete 10b. County	100.0	ity. Town or Location					T.,	
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200	늄	10e. Street end Number			Of. Zip Coda			10g. Citizan of V	What Count	try?
TO STATE OF	40	5343 Sudley Ro			20778			U.S.		
050 100	by Funeral	11. Maritel Status  1 Navar Marriad 20 Married  3 Widowed 4 Divorced	12. Was Decedant Ever in t Armed Forcas? 1 ☐ Yas 24☐ No If Yas, Giva Yaar or Datas:		Decedent of I s, specify Cub ras 2 1 No	Hispanic Origin? (Sean, Mexican, Puar Specify:	Specify Yes or No to Ricen, atc.)		a - America ck, Whita, a Whi	atc.
September 2	te B	15. Decedant's Ed	ucetion	16a. Decedant's	S Usuel Occup	pation		16b. Kind of B	usinass/Ind	lustry
V1215	Completed	(Specify only highast gra	da complated)  College (1-4or 5+)	(Give kind lifa. DO N	of work dona IOT usa ratire	during most of wo	rking			
Page 1	O	12	30110g0 (1 401 34)	Homemal	ker			Own H	ome	
D STAR	Be	17. Fathar's Nema (First, Middla, Last)				18. Mothar's Na	ma (First, Middle	Maiden Suman	na)	
Maryland 21215-0 nd 2 should be find within 72 h th and Mertal Hygiene. 77 is marked other than "natur traumetic event, the Medical	To	Donald Hamilt	on			Edna	Fisher			
E sho	-	19a. Informant's Name/Ralationship (1	'ype, Print)	19b. Mailing Ad	dress (Streat	and Number or R	ural Route Numb	er, City or Town,	State, Zip	Code)
and 2		Virgil Levelle	-Spouse	5343 9	al bus	Road	Wost E	ivor	MA 2	0770
Ø - ₹ 5 6		20a. Mathod of Disposition	20b.	Place of Disposition	(Nama of	Road,	Deta	20c. Location -	City or To	wn, Slata
Pages pert of nt: If the	1	1 ■ Burial 2 □ Cramation 3 □ 4 □ Donation 5 □ Othar (Specify	Hamoval from State	t. James		,	7/3/97	Tobbi		MD
Harris H		21. Signature of Freeza Septice Licen		ss of Facility			•			
m adding		Not A	11/11	Hai	desty	Funera	al Home			
		23a. Part1. Enter the disease, or comp shock, or heart failure. Clat only	care,						s, M	D 21401 Approximata
Physician /Medica Examine		Immediata Cause (Finel disaase or condition rasulting in daath)	a	Breast or as a consequance	- Co					Interval Batween Onsat and Daath  Months
68760, ficate be executed physician and as the burial-transit	Examiner	Sequantially list conditions, if any, laeding to immadiata causa. Entar Undartying Causa (Disaasa or Injury	b. — Dua to (	or es e consequand	e of):					
68760, ficate be ex		Causa (Disaasa or Injury that initieted events	C						i	
68 ifficati g phy as th	edicai	rasulting in death) Last	Dua to (	or as a consequanc	a or):				+	
	Z		d							
death cert e attendin od for use	cia	Death Other death and a state of		- 41 - 4 - 4						
O a f	Physician/M	Pert II. Other significent conditions co	intributing to death but not rai	sulting in the undari	ying causa giv	/an in Part I.				the cause of deeth?
							1 🗆	Yes 22 No	3 Prob	ably 4 ☐ Unknown
cords, F v requires that been signed should be del	Completed by							en eutopsy ormed?	eva	ra autopsy findings llabla prior to applation of cause
Vital Rec vician: The law certificate has b	m d							-		laath?
al R							10		1	Yes 2 No
Vita ician: certific rector,	Be	25. Was cese refarred to medical axaminar?	Hospital:		C DOA OIL	100	eth (Check only o			
of Vita Physician: this certific ral director,	P.	1 Yas 2 No	1 ☐ Inpatiant 2 ☐ 28e. Dete of Injury		LI DUA	4 LI Nursing F	toma 5 Rasi			)
After fune	ion	1 Natural 5 ☐ Pending	(Month, Day Year)	28b. Time of Injury	28c. Injui Wor	rk?  Yes 2 □ No	260. Dascribe	how injury occur	ea	
Division of Vital Record or Attending Physician: The law require effer death. Director: After this certificate has been si if in by the fumeral director, page 2 should	Certification:	2 Accidant Invastigation 3 Suicida 6 Could not be 4 Homicida datermined		noma, farm, streat, f		163 2 160	28f. Location ( City or To	Street and Numb vn, Stata)	er or Rural	Route Number,
Hospital 4 hours Funeral tely filled	edicai Ce	29a. Cartifier 1 ☐ Certifying Phy (Check only one) 2 ☐ Medical Exam	ysicien: To the best of my kno iner: On the best of againing	owladga, daath occ ation and/or invastig	urred et the tingation, In my c	ma, data and place	e, and dua to tha arred at tha tima,	causa(s) and ma data and place,	innar as sta and dua to	ated. tha cause(s)
To the within 2 To the	Med	29b. Signature and Meliot certifier	and mannar stated.		29c. Licans	ea number		29d Date sign-	d Manch P	Day Voerl
5 2 5 0		To Day	11/4 (117)		290. Licans	10020	2	29d. Date signe	ai	vay, teal)
		P. Delou	and and		U	12828		TI	117	
		30. Nems and address of person who of STVAV+ E. S	complated ceysa of deeth (Item ELONICK, W		00 B	ectgate	Rd. Av	mapdi	s, ma	1. 2140
Si	ate	31. Data filad (Month, Day, Yaar)	Registrar's Sign	etura						

DHMH 16 Rev 6/95



		. Decedent's Name (First,	Middle 1 c-	41		Cei	rtificate	of	Death	I o D d d a	Reg. No.			
iciar dica	n	John L. Le								2. Dete of De Month July	2. 199	7 ^{Year}	3. Time of Death	
ca 1e		a. Fecility Neme (If not ins	titution, give	street and nu	ım <i>ber)</i>			1	4b. City, Town, or			y of Death		
		VA Marylar	nd He	alth	Care	System			BALTIMO		4.1.00	n/a		
		Social Security Number	6. Se	x M 2□F		yrs. last birthday)  16 Yrs.	If Under 1 Y	eer eys	If Under 24 Hrs Hours Min	8. Date of Bir (Month, Da	th 28,1950	9. Birthp	lace (State or Foreign try) LINS, SC	
		182-42-694 Isual Residence of Decede								DEC.	20/155	ψ 1101	BIND/BC	
1		0a. State 10b. C		/a	10	c. City, Town or Lo	cation ALTIMO	RE	7)			10	0d. Inside City Limits	
-	Director	0e. Street and Number	***/	<u> </u>			10f. Zip Co				10a Chinas at	What Cour		
			RRIS	ON BI	LVD.		101. ZIP CO	AG O	21215		10g. Citizen of UNIT		STATES	
	runeral	1. Marital Status		12. Wes Dec			Was Decadent	t of H	lispenic Origin? (San, Mexican, Puer	Specify Yes or No		ce - America		
1	2	Never Married 2			2 □ No tive		1 ☐ Yes 2 🔀		Specify:	to riloan, etc.	Specia	T	BLACK	
-	eg -	15. Dec	edent's Edu	cation		16e. Deced	dent's Usual O	ccup	ation during most of wo	rkina	16b. Kind of E	Jusiness/inc	lustry	
male	Completed	Elementery/Secondery (0	-	College (		life. I	DO NOT use n	etirec	d)	iking	wari	0116 +	rades	
		7. Father's Neme (First, M.				LADO	JKEK		18 Mother's Na	me (First, Middle			lades	
To Be	0		IAM	C. LEN	MON				MAGGI			1107		
		9a. Informent's Name/Rela LOUI	SE M	уре, Print) С DOW]	ELL-	sis 45	og Address (S	treet GAI	and Number or ARRISON	ural Route Number, City or Town, State, Zip Code) BLVD., BALTIMORE, MD # 15				
	20	Da. Method of Disposition				Ob. Place of Dispo			nal I	Date	20c. Location	- City or To	wn, State	
any mjury or		XDXBurial 2 Crema 4 Donation 5 Oth			State					CEM.7-	8-97 0	WINGS	MILLS	
	4 Donation 5 Other (Specify) GARRISON FOREST VA CEM. 7-8-97 OWINGS  21. Signature of Funeral Serviça Licensee 22. Name and Address of Facility													
	► Cabrelle Cook WM. C. MARCH FH4300 WABASH AVENUE												AVENUE	
ledical Examiner	Immediate Cause (Finel disease or condition resulting in death)  a. Bleeding Esophageal Varices  Due to (or as a consequence of):											Onset and Deeth		
	B C	Ceuse (Disease or Injury that initieted events												
/Medi	N. S.	esulting in death) Last	L.	đ										
Sicial Biola	P P	ert II. Other significant co	nditions cor	ntributing to de	eath but no	t resulting lo the ur	derlylna caus	e aiv	en in Part I	23h Did	tobacco usa co	ntribute to	the cause of death?	
		Alcoholism				31		9			Y88 2□ No	3 Prob	- >/	
o Be Completed by Physician/M										24a. Was	an autopsy rmed?	ava	re autopsy findings illable prior to npletion of cause leath?	
Ö										10	Yes 200No	10	Yes 2□ No	
	7	5. Was case referred to me examiner?  1  Yes 2 No		lospital:	Innations	0.000		Oth	er.	ath (Check only o				
Be		. Menner of Death		28a. Date	of Injury	2 ER/Outpatien 28b. Time of	28c.	Injun		lome 5 Resident	how injury occur		)	
To Be				(Mon	th, Day Yes	(r) Injury			K? Yes 2 □ No					
To Be		Natural 5 P	ending vestigation								_			
To Be		Natural 5 P. 2 Accident in		28e. Place buildi	of Injury - ing, etc. (Sp	At home, ferm, streecify)	eet, factory, of	fice		281. Location (3 City or Tox		ber or Rural	Route Number,	
Certification: To Be	27	Natural 2 Accident 3 Suicide 4 Homicide  Pa. Certifler (Check only 2 Mec	vestigation ould not be etermined	buildi sician: To the ner: On the ba	best of my	knowledge deeth	occurred at th	ne tim	ne, date and plece	City or Tox	vn, Stete)	ennor ec et	ated	
To Be	27	Natural 5 P. 2 Accident in 3 Suicide 4 Homicide do	vestigation ould not be elermined tifying Physical Examin	buildi sician: To the ner: On the ba	best of my	Pecify)	occurred at the	ne tim	ne, date and plece pinion, death occu	e, end due to the	vn, Stete)	anner as sta and due to	ated. the cause(s)	

State Registrar 31. Date filed (Month, Dey, Year)

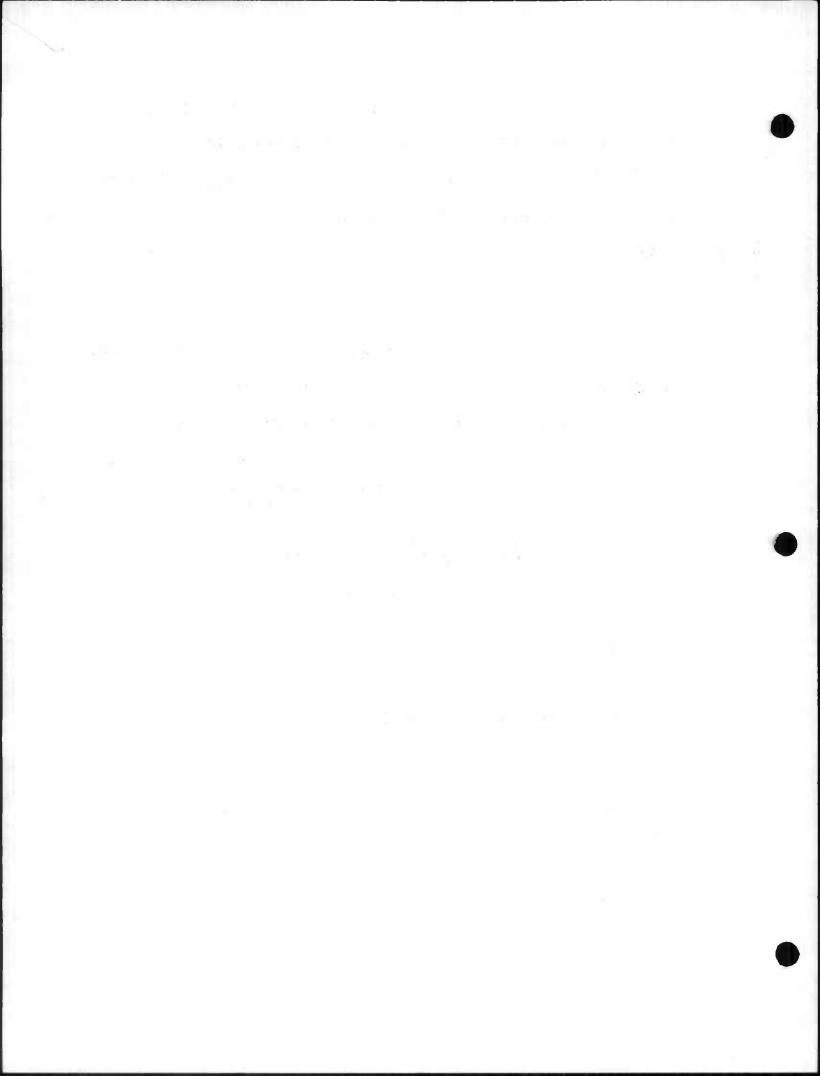
David C. Cuellar, M.D., 22 S. Greene St., Balto., MD 32. Registrar's Signature

21201

				State of Maryland		artment of rtificate o			giene 9	1 20	393
	Dharaia		1. Decedent's Name (First, Middle, Last)					2. Date of De Month			3. Time of Death
	Physic /Medi		Anton		Mic	haluk		July	2 1997	Year 7	1;15pm
	Exami	ner	4e. Fecility Neme (If not Institution, give s				4b. City, Tov	vn, or Location of Deat	h 4c. County	of Deeth	
L			1802 Woodrail I			T W11-1-134	1	ersville		Arund	
	Funeral Director		5. Social Security Number 6. Sex 220-32-1463	7. Age (In yrs. le	ast birthday) Yrs.	Months De		Min. (Month, Da	th ly, Yea <i>r)</i> 18—1914		e (State or Foreign
	a how	-6	10e. Stete 10b. County MD Anne Ar		Town or Lo	ocation Sville					Inside City Limits
	(IW	Direct	1802 Woodrail			10f. Zip Cod 2110			10g. Citizen of V Ukran		
020	al'. or they	by Filmers	1. Marital Stetus  1 Never Married 2 Married 3 Widowed 4 Divorced	I2. Was Decedent Ever in U,S Armed Forces? 1 ☐ Yas 2 ☐ No If Yes, Give X Year or Detes:		Was Decedent of If Yes, specify C		in? (Specify Yes or No Puerto Ricen, etc.)	14. Rac Blac Specify	e - American I kk, White, etc.	
21215-0020	nn 72 hours n "natural". Medical Exi	Completed	15. Decedent's Educ (Specify only highest grade	completed)	16e. Dece (Give life.	dant's Usual Oci kind of work do DO NOT use ret	cupation ne during most tired)	of working	16b. Kind of Bu	isiness/industr	ry
2	d within gione. or than	E OC	Elementary/Secondary (0-12)	Collega (1-4or 5+)	Fa	armer			Agric	ulture	е
g	tal Hygi d other event, t	Be	17. Fether's Name (First, Middle, Last)	-			18. Mothar	's Name (First, Middle,		(e)	
Maryland	Menta Menta arked arked	2	Tanas Michaluk				Mar	ia (Unkno	own)		
Mar	2 sh and ts m		19a. Informant's Name/Ralationship (Typ	,				r or Rural Routa Numb			
	1 and foath im 27 ther t		Maria M. Gresh			Woodr psition (Name of		rive, Mil			
Baltimore,	mit. Pages sartment of cortant: If its injury or o		1 ☑ Buriel 2 ☐ Cremation 3 ☐ Ro 4 ☐ Donetion 5 ☐ Other (Specify)	emovel from State	ester	Cemet	ery	JULY 3	20c. Location - Cheste	rtown	, MD
Ball	Depart Import any inj		21. Signature of Funeral Service License	andell	1 1	Name end Add lardest 2 Ridg	dress of Facility Y Fune Jely Av	eral Home Venue, An	napoli	s, MD	21401
	Physician		23a. Part1. Enter the disease, or complice shock, or heart failura. List only on	cations that ceused the death. e cause on each lina.						Ap	proximete erval Between aset end Death
	/Medical Examiner		Immediate Cause (Fine) disease or condition resulting in death) e	Ruspings Due to (or Servons	TORY	FA	Wills				
		ē	Tooling in doubly	Due to (or	as a consec	quance of):					
	uted J ansit	E L					0	LOPD			
Ć	exect in and fal-tra	Examiner	Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or Injury to be lighted as or Injury co.	Dua to (or	as e consec	quence of):					
68760,	iaw requires that the death cartificate be executed as been signed by the attending physician and a Should be deteched for use as the burial-transit	edicai	Ceuse (Disease or Injury thet initiated evants resulting in deeth) Last	Due to (or	es a consec	quence of):					
Box	eath certific attending pl	Physician/M	d.	, -							
	the at hed for	/sici	Pert II. Other significant conditions cont	tributing to death but not resul	lting in the u	nderlying ceuse	given in Part I.	23b. Dld	tobacco use cor	tribute to the	cause of death?
s, P.O	es that the de igned by the be deteched	by Phy	CORONARY A	Mory DI.	र का र	<u> </u>		10	Yes 2□ No	3 Probabi	ly 4 Onknown
Division of Vital Records,	aw require as been si 2 should I	Completed							an autopsy rmed?	avelleb	autopsy findings ble prior to etion of ceuse th?
E	The ate h	Com						10	Yes 2 No	1 □ Y€	es 2 No
ita i	clan: ertific ector,	Be	25. Was casa referred to medical examinar?					of Death (Check only o	one)		
nof	Attending Physician: Ir death. sctor: After this certific. by the funeral director,	on: To	1 ☐ Yes 2 ☐ No Ho  27. Manner of Daath 12. Natural 5 ☐ Pending		R/Outpatier 28b. Time o Injury	IL SEL DOA	Other: 4 Nur njury et Vork?	sing Home 5 Resident	dence 8 Other		
visio	To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After thi completely filled in by the funeral	Certification:	2 Accident investigation 3 Suicide 6 Could not be determined	28a. Place of Injury - At hor building, atc. (Specify)	ne, farm, str		Yes 2 N	28f. Location (	Street and Numb	er or Rural Ro	oute Number,
٥	spital or A nours after neral Direct filled in by			cian: To the best of my know		n occurred at tha	time, dete and	City or Tou		nner es state	d
	To the Hospital o within 24 hours af To the Funeral Di completely filled in	<b>ledica</b>	(Check only 2 Medical Examin	er: On the basis of axamination and manner steted.	on and/or in	vestigation, in m	y opinion, death	occurred et tha time,	date end place, a	and due to the	ceuse(s)
	To	Σ	29b. Signeture end title of certifier				ense number	1	29d. Dete signed	Month, Day,	, Year)
			11:1			De	41698		07/	03/	97
			30. Nama and addrass of person who cor				4	A., .			11/0:
			STEPHEN C. HAMI	you, MO	( (	40 Cm	Y AVE	- ANNA	N, RUGA	10 21	1401

State Registrar

DHMH 16 Rev 6/95



pe of Frint in black indelible link. Assure All C	opies Are L	egible.			
state of Maryland / Department of Health and Men Certificate of Death	tal Hygiene	97	203	91	L
2 0	ate of Death		2 Tim	4 14 16	46-

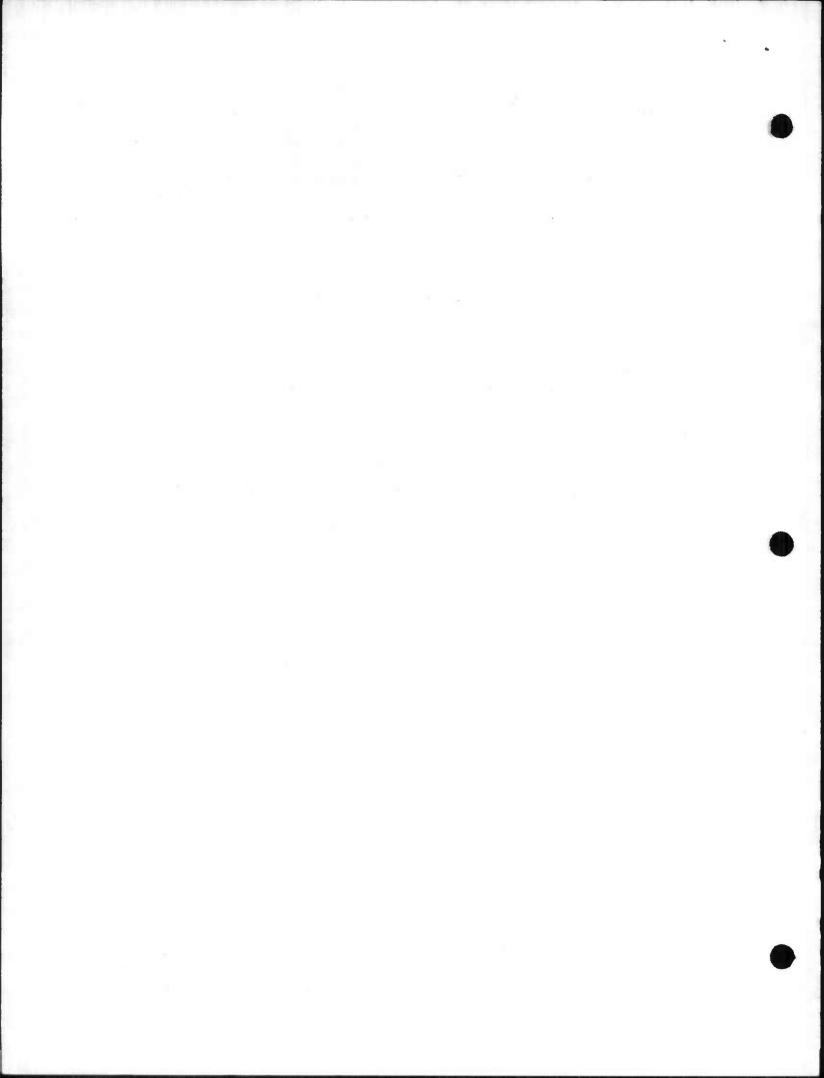
Baltimore, Maryland 21215-0020

Phy /M Exa

Division of Vital Records, P.O. Box 68760,

To the Hospital or Attending Physician: The law requires that the deeth certificate be executed within 24 hours efter death. State Registrar

an	1. Decedent's Name (First, Middle, Last	Martin					Mo	te of Death onth	Day	Year 997	3. Tim th
al er	4a. Facility Name (If not institution, give	street and number)	Н. с	p. ta 1	4t	-	n, or Location	of Death	ر د 4c. County		, 13
	Veteran ( Adm. 5. Social Security Number 6. Se.				/ear	If Under 24	Hrs. & Da			O Ridho	inna (Stata or Fornir
	289-28-0562 10 Usual Residence of Decedent	PM 2□F 73	Yı	Months D	ays		Min. (Mo	te of Birth onth, Day, Ye	1924	S Caun	iace (State or Foreig
_	10a. State 10b. County	/		or Location						10	Od. Inside City Limits
Director	THE TOTAL PROPERTY.	P		BALHM							1 12 Yes 2 □ No
5	10e. Street and Number 2000 ODE//	AUG #2.	15	10f. Zip Co		137		10g.	Citizen of V	What Coun	lry?
runeral		12. Was Decedent Ever In U	S.	13. Was Decedent	t of HIs	spanic Origin	n? (Specify Ye	s or No-	14. Rac	a - Americ	
השל עם	1 Never Married 2 Married	Armed Forces? 1 □Yes 2 □ No If Yes, Give	UT	If Yes, specify  1 ☐ Yes 2 ☑		Specify:	Puerto Rican,	etc.)	Specify	ck, White,	
	3 Widowed 4 Divorced	Year or Dates:		,				101		PIC	cclc
	15. Decedent's Edu (Specify only highest grad	le completed)	(1	Decedent's Usuai O Give kind of work o life. DO NOT use r	ione di etired)	tion uring most o	of working		Kind of B		Nok!
	Eiementary/Secondary (0-12)	College (1-4or 5+)	m	Aitre Co	16 1			0,	NEKN	, , ,	
	17. Father'a Name (First, Middle, Last)	60					s Name (First,		den Sumam	10)	
	LOOSEUCH Ma  19a. informent's Name/Relationship (Ty		401	delline Auto in	*** = 1 =		nic L			Chr. T	0.41 2.11
		VPO, Print).	196.	Mailing Address (S	reet a	MACINE.	Str Le	Wumber, Ci	Ral	State, Zip	Code) 21223
	20a. Method of Disposition	20b. F	Piace of D	Disposition (Name of crematory or other	of		Date	200	Location -	City or To	wn. State
	4 ☐ Buriai 2 ☐ Cremation 3 ☐ P 4 ☐ Donation 5 ☐ Other (Specify)		vi son	Linet 1	let.	Com.	7/11	197 6	Jula	75 K	nills, Ka
	21. Signature of Funeral Service Licanse			22. Name and A	ddress	s of Facility	GHATA	VAX-	Hon	14 7	H.
	Delay Harris			BOLHHU	VZ	M	0 2	12/50			
	23a. Part1. Enter the disease, or complished, or heart tailure. List only or	lications that caused the deat ne cause on each line.	h. Do no	t enter the mode of	dying	, such as ca	ardiac or respi	ratory arrest,			Approximate Interval Between
1	immediete Cause (Finel	0. 1	6	1						1	Onset and Death
	disease or condition resulting in death)	a. Rpnal									1 ypa-
		b. Congesti	or as a co	msequence of):	/	501/1				i	1 C V00-
	Sequentially list conditions,			nsequence ot):		4//4				i	1.3 7140
į	if any, leading to immediate cause. Enter Underlying Cause (Disease or injury	c								į	
	that initiated events resulting in death) Last	Due to (o	rasa coi	nsequence ot):						i	
		d								i	
	Pert ii. Other eignificant conditions con	ntributing to death but not res	uitina In t	he underlying caus	e aive	n in Part t.	23	3b. Did tobac	cco uee co	ntribute to	the cause of death
					9.10			1 🗆 Yee		3 □ Prot	La .
ed by							24	a. Was an a			ere autopsy findings
combiered								performed	17	COL	nilable prior to npletion of cause death?
								1 ☐ Yes	2) No		Yes 20 No
	25. Was case referred to medical examiner?					26. Piace o	ot Deeth (Chec	k only one)			
	1 Yes 20 No	1	ER/Outp		Other	4 LI Nurs	ing Home 5				)
	27. Manner of Death  12 Natural 5 □ Pending 2 □ Accident investigation	28a. Date of injury (Month, Day Year)	28b. Tin Inju	ne of 28c.	tnjury Work 1   Y	at ? ′es 2 □ No		escribe how l	njury occur	red	
	3 Suicide 6 Could not be determined	28e. Place of injury - At he building, etc. (Specification)		n, street, tactory, of	fice			cation (Street y or Town, St		er or Rura	Route Number,
	29a. Certifier (Check only one) 1 Certifying Physical Certifying Physical Examination (Check only one)	eiclan: To the best of my kno ner: On the basis of exemina and manner stated.	wledge, o	deeth occurred at the or investigation, in	ne time my opi	e, date and inion, deeth	piece, and due	to the cause te time, date	e(s) and ma and place,	inner as st and due to	ated. the cause(s)
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	29b. Signature and title of cartified	and marrier stated.		29c. Li	cense	number		29d.	Date signe	d (Month, I	Day, Year)
	Scot Huber	M:0.		P	0	973	8	1	ly =	5, 19	797
	30. Neme and address of person who co Scott, Huber, M.D.			ype, Print)	Ba 1	1 timos	8 -> Me	1 2	1201		
e	31. Date tiled (Month, Day, Year) JUL 0 7 1997	32. Registrar's Signa							•		
	005 41 1001	11 . Suprimore	Lailor	July 1							



State of Maryland / Department of Health and Mental Hygiene

						Ce	ertificate	e of	Death		Reg. No.			
Dhuaisian		1. Decedent's Name (First,	Middla, Last	)						2. Data of D Month	Peath Day	Year	3. Time	a of Death
Physician /Medical		CONSTANCE	Н	MCCAI	LISTE	R				JULY	2, 1997	real	11:	15 P
Examiner		1a. Facility Nama (If not inst	itution, give	street and num	ber)				4b. City, Town, o	Location of Dee	th 4c. County	of Death		
		THE JOHNS H	OPKINS	HOSPI	CAL				BALTIMOR		1	I/A		
Funeral Director		5. Sociel Security Number  234-70-5706  Usual Rasidance of Decede		XXX 7	7. Age (In yrs. 52	last birthda Yrs.	Months	1 Year Days	If Under 24 Hr Hours Mir		oey, Year) 1,1945	9. Birthp Coun West	Virg	ta or Foreig
8 tg	- 1-	10a. Stata 10b. Co			10c. Ci	ty, Town or	Location					1	Od. Inside	City Limits
The local	5	Maryland Ba	ltimo	re		Balt	timore						1 🗆 Y	as 2
Director	5	10e. Street and Number		-			10f. Zip (	Coda			10g. Citizen of	What Coun	itry?	
		201 North Tyr	one R	oad				212	212			USA		
by Funeral	2	11. Marital Status  1 □ Nevar Married 2 □  3 □ Widowed 【*** Dive	Married	12. Was Daced Armed Ford 1  Yas 2 If Yes, Giva Yaar or Da	XXXVo	,S. 13	. Was Dacede If Yas, speci 1 ☐ Yas		lispanic Origin? ( an, Maxicen, Pue Specify:	Specify Yas or N rto Ricen, atc.)	lo- 14. Ra Bla Specif	ce - Amaric ck, Whita, by: Whi	atc.	
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other tra		20a, Mathod of Disposition				Placa of Dis	position (Nem amatory or oti	e of		Dala	20c. Locetion			
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important: If item 2 any injury or other once.	1	23a. Part1. Entar tha disaas shock, or heert feilure.	e, or compl List only	ations that ce	usad tha daet	h. Do not e	5500 You	ork of dyi	Road Ba	Itimore,	Marylar		212 Approxim	nete Between
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use es the burial-transit		Causa (Disaasa or Injury that initiated avants resulting in deeth) Last	1	d	Due to (c	or es a conse	aquance of):							
of for use		Part II. Other significant cor	nditions con	tributing to dea	th but not ras	ulting In the	underlying ce	use an	van in Part I	23b. Die	tobacco use co	entribute to	the cau	se of death
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irec in by		3 ☐ Suicida 6 ☐ C 4 ☐ Homicide	ould not be etermined	28a. Plece of building	f Injury - At h g, atc. <i>(Sp</i> acii	oma, farm, s fy)	straal, factory,	office		28f. Location City or To	(Straat and Num own, Stata)	ber or Rura	il Routa N	lumber,
n 24 houng Funer pletaly fill		29a. Certifier 1 Car (Check only 2 Med one)	tifying Phys lical Exami	sician: To the b nar: On the bas end manne	is of exemine	wiedge, dee	eth occurred a Investigation,	t tha tii in my c	ma, data and place opinion, death occ	e, end dua to the curred at tha time	a ceuse(s) end m e, deta and plece,	anner as st and dua to	eted. tha caus	sa(s)
Toth		29b. Signature and title of ce	ertifiar	)	P	P			a number		29d. Data signe			r)
	1	30. Neme end address of pe	rson who co					-						
		CHAS SU	-162-13	AT JH	H Ton	es	110	BAI	TI TORA	POP				

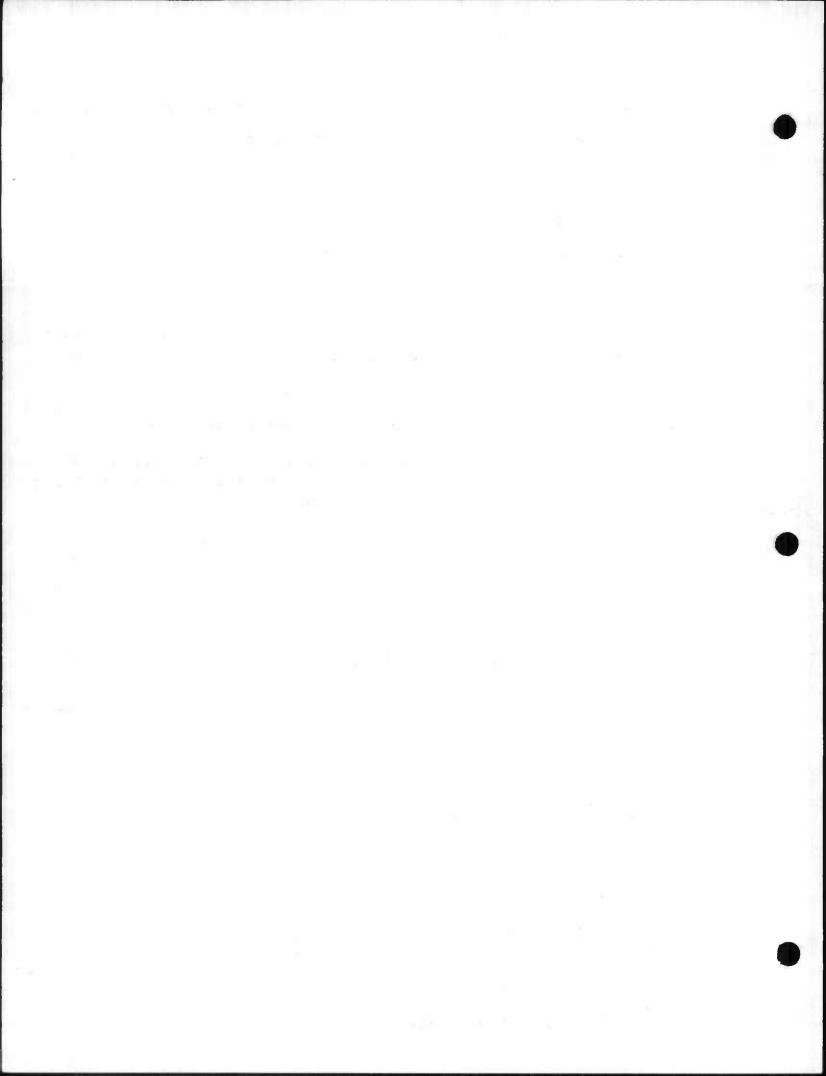
DHMH 16 Rev 6/95

Registrar

State of Maryland / Department of Health and Mental Hygiene 97 20396

Physic /Med	ian	1. Decedent's Neme (First, Middle, L					2. Date of De	ath		3. Tima of Death	
		Horton		Mo	ore		Month	Day	Yeer		
		4e. Fecllity Neme (If not institution, give street end number)			020	4b, City, Town, or	June Location of Deeti	30 4c. County	97		
Exam	iner	Sinai Hospital				Baltimo			NA		
Funera Directo	_	5. Social Security Number 6. 223-20-8816	(In yrs. lest birthday) I Yrs.	Months Days Hours Min			8. Date of Birth (Month, Dey, Year)  O2-18-26  9. Birthplece (Stete or Foreign Country)  VA				
puel **		Usuel Residence of Decedent  10e. State 10b. County 10c. City, Town or Location						1	0d. Inside City Limit		
Mary	ō	Md N	A	Baltim	Baltimore			Yes 2□No			
1 the	9	10e. Street end Number		Dartin	10f. Zip Coda			10g. Citizen of Whet Country?			
h with	Funeral Director	2525 W. Belvedere Avenue		nue	21215			USA			
99	ner	11. Maritel Stetus	12. Was Decedent E Armed Forces?	ever In U,S. 13.	Was Decedent	of Hispenic Origin? (S Cuban, Mexicen, Puer	Specify Yes or No	- 14. Rad		en Indien,	
ING Z1Z13-UUZU be filed within 72 hours after deeth with the Marylend tel Hygiene. d other than "natural", or items 23a or 28s-4 show event, he wad call Exercise in the more than	Completed by Fu	1 □ Never Merried 2 □ Married 3 □ Widowed 4 □ Divorced	1 Yes 2 N If Yes, Give Yeer or Detes:	0	1 □ Yas 2√2		to rican, etc.)	Specify	ck, White,	ack	
72 hours natural,	eted	15. Decedent's E (Specify only highest ga	Education rada complated)	18e. Dece	dent's Usuel Oc	ccupetion one during most of wa stired)	rkina	16b. Kind of B			
ire, Maryland Z1Z15-U s 1 end 2 should be filed within 72 hc f Health and Mentel Hygiene. tem 27 is marked other than "natur other traumatic event, the Medical	mple	Elementery/Secondery (0-12)	College (1-4or 5	+) lifa.	DO NOT use re	itired)				Gas &	
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Maryland 212. d 2 should be filed within the and Mentel Hygiene. 7 is marked other than traumatic event, the M	Be	Lump	Moor			Maggie			""/ nkno		
should Ind Men	10	19e. Informant's Neme/Reletionship			na Address (St	reet end Number or R					
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of Hei		20e. Method of Disposition	The second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	20b. Plece of Dispo cemetery, crei	sition (Name o	f place)	Dete	20c. Location			
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baltimore, n pemit. Pages 1 end Department of Health Important: If item 27 any injury or other ta		21. Signeture of Funerel Service Lice	nsee )								
D 2855		21. Signeture of Funerel Service Licensee  22. Name end Address of Fecility  Baltimore, Maryland 21202  Wm. C. March FH 1101 E. North Avenue									
		23a. Pert1. Enter the diseese, or con shock, or heert feilure. List on	Moetions that caused	the deeth. Do not ent	er the mode of	dying, such es cerdia	c or respiretory e	rrest,	-	Approximete intervel Between	
Physician		2								Onset and Deeth	
/Medical Examiner		Immediate Cause (Final disease or condition rasulting in death)	· M	SCOL	)				ì	YRS	
EXCITITE:		Dua to (or es e consequence of):						110			
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) a a a	Physician/N	Pert il. Other significent conditions	contributing to deeth bu	t not resulting in the u	nderlying ceuse	given In Pert I.		-		the cause of death	
that the ned by detact		CHRONIC	AC F	- FAILUNE			1 Yes 2 No 3 Probably				
ne taw requires that a hes been signed I	ed by						24a. Wes	en autopsy		ara autopsy findings	
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- S 00	To	examiner/ Hospital: 1 Innetient 3 TEB/Outcetient 3 DOA Other: 4 Nursing Home 5 Recidence 6 Other (Specific)							y)		
ng Ph ter th		27. Mannar of Deeth  1. Naturel 5 ☐ Panding	28e. Dete of Injun (Month, Dey	Year) 28b. Time o	28c. i	njury at Work?	28d. Describe	how Injury occur	red		
Attending or death. octor: After by the fune	catio	2 Accident investigation		M 1 Yes 2 No							
	Certification:	4 Homicida determined determined building, etc. (Specify)						er or Rura	il Routa Number,		
Ne Hospital or n 24 hours afte ne Funeral Dir pletely filled in	edical	29a. Certifier  (Check only 2 Medical Examiner: On the basis of exemination end/or Invastigation, In my opinion, deeth occurred et the time, deta end plece, and dua to the cause(s) end mannar es statad.  (Check only 2 Medical Examiner: On the basis of exemination end/or Invastigation, In my opinion, deeth occurred et the time, deta end plece, and dua to the cause(s) end menner stated.									
To the Within 2 To the comple	Σ	29b. Signature and title of certifier				29c. License number		29d. Date sigged (Month, Day, Year)			
		format M MI-				120333			1/7/17		
2		30. Name and address of person who	completed ceuse of de	ath (Itam 23e) (Type,	Print)	V PII	CESUL	CEV	in	2/200	
S	ate	31. Dete filad (Month, Dey, Year) JUL 0 7 1997	Julia Saltason	r's Signeture				-			
Regist			er H · Ba a	No. of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of Contract of							

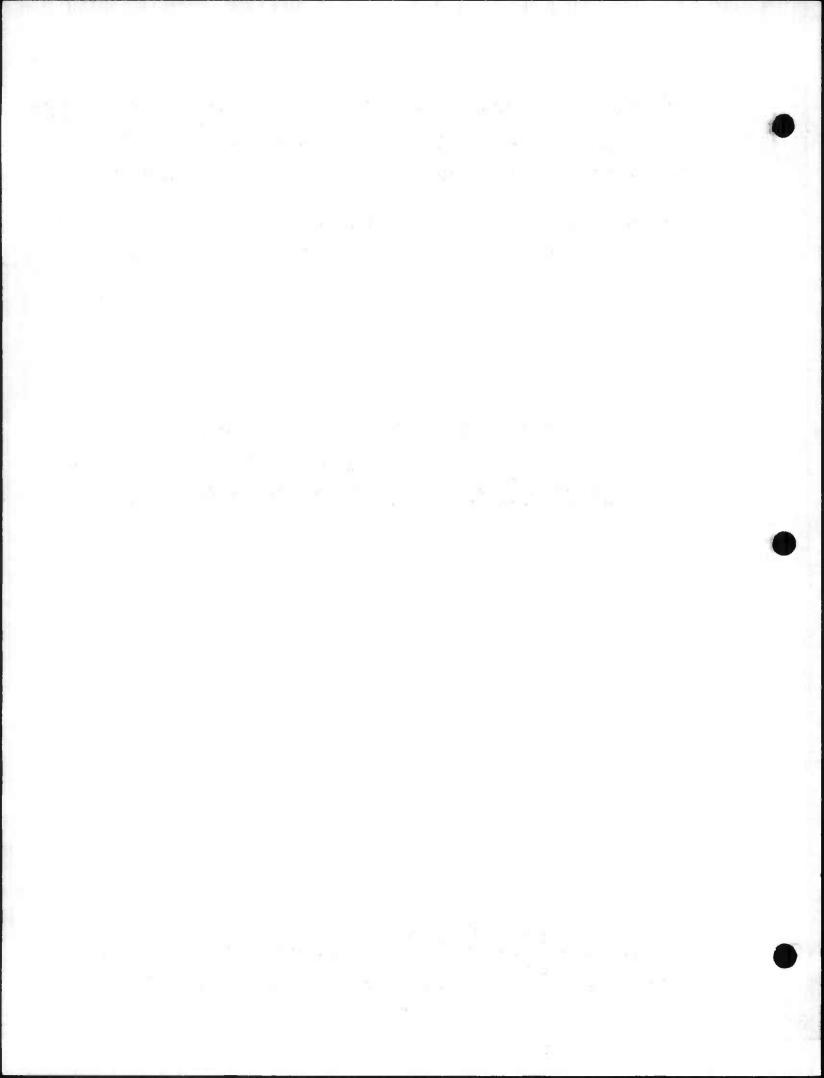
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			ITEM: 7,8, perFH G-749			Certifica			rivicitairiy	Reg. No.		0337			
П	Physici	an	Decedent's Neme (First, Middle, Last)	4 4		^ ->	_		2. Date of De Month	eth Dey	Year	3. Time of Deeth			
	/Medic		DAIME	MAY	RVA	RDI			July	12	97	0918			
j.	Examir	ner	4a. Facility Name (If not institution, give		0,			//	or Location of Deal		of Death  A				
Н			5. Social Security Number 6. Sec	ester	e (In yrs. last bi	dhday) If Un	der 1 Year		den A		, ,	a /Ctata as Fassion			
	Funeral Director			M 2♥F 94	<del>-93</del>	Yrs. Month		Hours M		190 <del>3</del>	ESTO!	e (Stete or Foreign ) 11 a			
	ahow	or.	10e. State 10b. County	d.a.1	10c. City, Tov							Inside City Limits 1 ☐ Yes 2 No			
	the N	Director	Maryland Anne Ar	undei			adena Zip Code	3		10g. Citizen of					
	ath with	ral Di	316 Dorchester Rd				2'	1122		US	SA				
21215-0020	172 hours effer death with the Maryland "natural", or flema 23a or 28a-f ahow of cal Examiner must be notified at	by Funeral	11, Marital Stetus  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. Wes Decedent I Armed Forces? 1 ☐ Yes 2 ☐ N If Yes, Give Year or Detes:			cedent of F pecify Cub 2 No		(Specify Yes or No erto Rican, etc.)	Specifi	ce - American ck, White, etc "White				
ŏ	2 hou		15. Decedent's Edu	cation	16a	. Decedent's U	suel Occup	pation		16b. Kind of B					
7	S 1	Completed	(Specify only highest grade Elementery/Secondery (0-12)	College (1-4or 5	+)	(Give kind of life. DO NO?	work done use retire	Dation during most of width d)	rorking						
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altimore,	or To		1 ☐ Buriel 2 ☐ Cremation 3 ☐ R	emovel from Stete	cemere	ry, crematory o	r other ple	ce)	7/5/97						
≣			4 □ Donetion 5 □ Other (Specify)  21. Signature of Funeral Service Ucense		Metro	Cremat	ory	Inc.	17/11	Baltin	nore, M	1d.			
Ba	Departm Departm Importal any inju		1 Jil 7.8	ty ()		Stall	ings	Funeral	Home PA Pasaden	a Md 1	21122				
			23a. Part1. Enter the disease, or compli shock, or heart failure. List only or	cations that caused e cause on each lin	the deeth. Do	not enter the m	ode ot dyir	ng, such es card	iac or respiratory a	rrest,	- Ar	oproximate terval Between			
	Physician /Medical Examiner		Immediete Cause (Final disease or condition resulting in death)  Onset and Death  Due to (or es a consequence of):												
	D #	ine									i				
, 0	tificate be executed g physician and as the burial-transit	Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Couse (Disease or injury		Due to (or as a	consequence	of):								
68760,	fficate b g physic as the b	ledical	thet initieted events resulting in deeth) Last		Due to (or as a	consequence o	f):								
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	the ett	sicia	Pert II. Other eignificant conditions con	tributing to death bu	it not resulting l	n the underlyin	g cause giv	en in Part I.	23b. Did	tobacco use co	ntribute to th	e cause of death?			
1	that the death cer ned by the ettendin deteched for use	by Physician/N				·			10	Yee 2□ No	3 Probab	dy 4 Unknown			
	aw requires that is been signed b 2 should be dete	Completed b							24e. Wes	an autopsy ormed?	eveila	eutopsy tindings ble prior to letion of ceuse ath?			
Ž į	The law ate has t page 2 s	E							10	Yes 2 No	1 🗆 Y	es 2 No			
Ta .		Be	25. Wes case reterred to medicei			· · · · · · · · · · · · · · · · · · ·	•	26. Piece of D	eeth (Check only	one)					
> .	0 0	2	exeminer? 112 Yes 2 No	ospitel: 1   Inpatle	nt 2 ER/O	utpetient 3	DOA Oth	er: 4 Nursing	Home 5 Resi	dence 6 □Oth	er (Specify)				
	Attending Pr r deeth. ector: After th by the funera		27. Menner of Death  1 Natural 5 Pending 2 Accident Investigation	28e. Dete of Injur (Month, Dey		Time of Injury M	28c. Injur Wor	y et rk? Yes 2 □ No	28d. Describe	how injury occur	red				
ñ	e de de	Certification:	3 Suicide 6 Could not be determined	28e. Pleca of Injubuilding, etc	iry - At home, to . (Specify)	arm, street, fect	ory, office		28f. Location ( City or To	Street end Numl wn, State)	per or Rurel R	oute Number,			
	Prospital	edical	29a. Certifier (Check only one)  29a. Certifier (Check only one)  29a. Certifier (Check only one)  1 Certifying Physician: To the best of my knowledge, death occurred at the time, dete end piece, end due to the cause(s) and menner as stated.  22 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, death occurred et the time, dete end place, and due to the cause(s) end menner stated.												
	within 2 To the	Me	29b. Signeture end title of certifier	A I	Depu	ty 1	29c. Licens	e number		29d. Dete signe	d (Month, De)	y, Year)			
1	9		Milliand	Just			D	060	54	7/	3/9	7			
	U)		30. Neme and eddress of person who co	peleted cause of de	eath (Item 23a)	(Type, Print)		- 1	nerce	10		_			
	l l		1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	10112	DA, MU	//	1C, E		no er ce	13 1	103	5			



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Day 1997 July 1 Margaret Potter 8:30 PM Darlene /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Mayo

If Under 1 Year | If Under 24 Hrs. | 8. Date of Birth (Month, Dey, Year) 311 Cadle Avenue Anne Arundel 5. Social Security Number 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 1 ☐ M 2 🗙 F 479-18-3198 75 Vre Director Oct 5 1921 Iowa Usual Residence of Decedent 10a. State 10b. Count 10c. City, Town or Location 10d. Inside City Limits Director Anne Arundel 1 ☐ Yes 2 No 28m-f Mayo 8 10e. Street and Number 10f. Zlp Code 10g. Citizen of What Country? 8 311 Cadle Avenue 21106 U.S.A. Funeral 12. Was Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Maritai Status 14. Race - American Indian, Biack, White, etc. 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 Never Married 2 Married 1 ☐ Yes 2 ☐ No Specify: by 3€ Widowed 4 Divorced White Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Baltimore, Maryland 21215 Elementery/Secondary (0-12) College (1-4or 5+) Hygierie. Homemaker Own Home 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) 1 1 and 2 should be fill Health and Mental H tem 27 is marked oth Be Elmer Miner Martha Reick 19a. Informent's Neme/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stefe, Zip Code) unpartment of Health as Important: If them 27 is: any injury ---Daniel Potter - Son 310 Cadle Ave, Edgewater, MD 21037 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20c. Location - City or Town, State 20a. Method of Disposition Date Pages 1 1 ☐ Burlai 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Metro Cremetory Baltimore, MD 21. Signature of Funeral Service Liceral 22. Name and Address of Fecility Hardesty Funeral Home
12 Ridgely Avenue, Annapolis, MD 21401
23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory arrest,

Approximate Approximate Interval Between Onset end Death **Physician** Cancer /Medical Immediate Cause (Final disease or condition resulting in deeth) Examiner Due to (or as e consequenca of) Examiner thet the death certificete be executed physician and s the buriel-trans Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as a consequence of) for use es use Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the causa of death? the signed by t 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was an autopsy performed? Completed page 2 s 1 Yes 2 No certificate or Attending Physician: 25. Was case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospital: 1 Yes 2 No Other: 4 Nursing Home 5 PesIdence 8 Other (Specify) Certification: To 1 Inpatient 2 ER/Outpatient 3 DOA this 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28d. Describe how Injury occurred 28b. Time of 28c. Injury at Work? After 5 Pending investigation 1 Naturel 2 Accident s efter dean. 1 ☐ Yes 2 ☐ No 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide a Funeral Di 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) end manner as steted.
2 Madical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and manner stated. 29e, Certifier Medical (Check only one) To the F To the P within 2 To the F 29b. Signature end of certifier 29d. Date signed (Month, Dey, Year) 29c. License number 16354 1997 30. Name and eddress of person who completed cause of deeth (Item 23a) (Type, Print)

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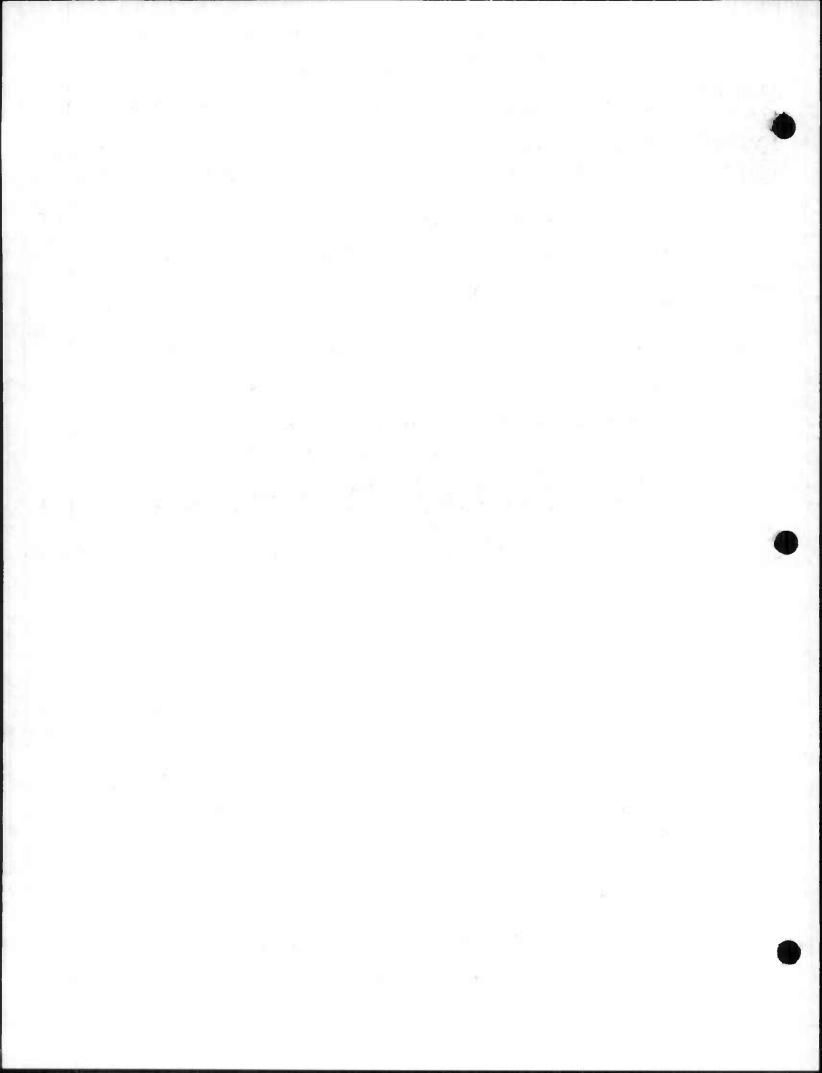
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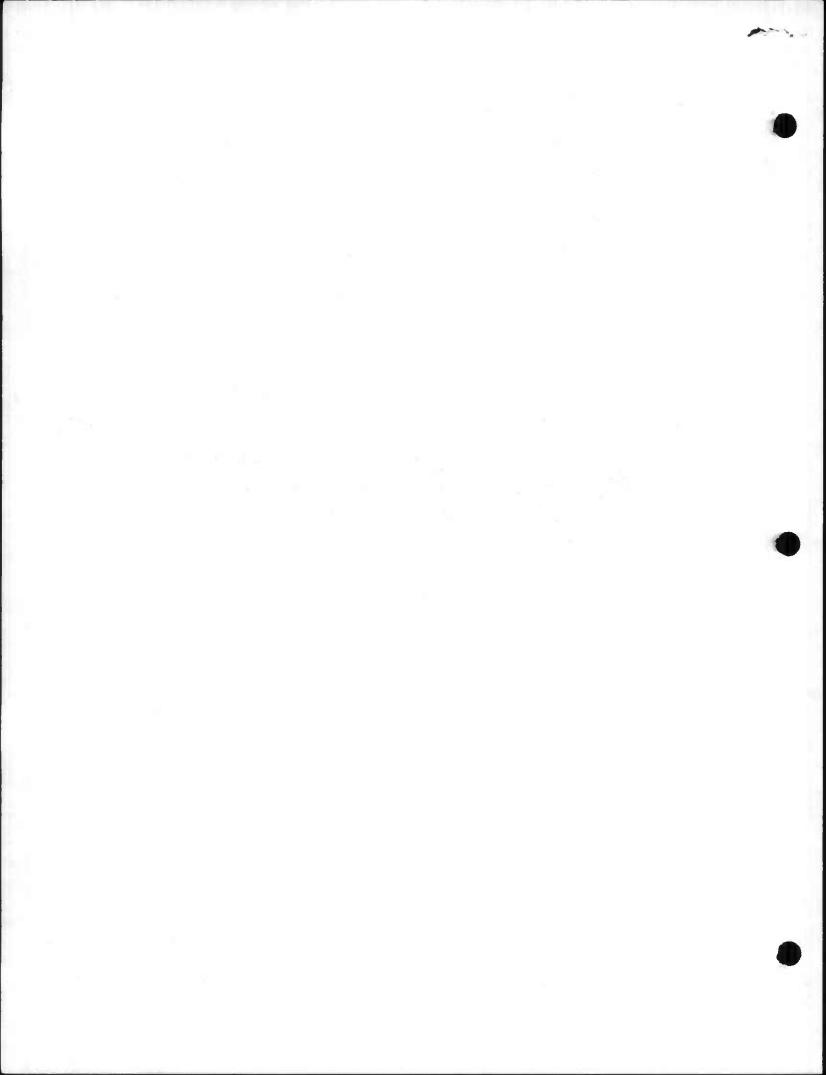
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Registrer's Signature



State of Maryland / Department of Health and Mental Hygiene 97 20399

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4	10:		30. Nama and addrass of person who	completed causa of death (It	am 23a) (Type	o, Print)	URI	VALE	BRI	AN CH I	JUL Rd-618	N BURN	vie -Md i	21060
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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Month Helene Marie Piper July 1997 10:40 AM 4 4b. City, Town, or Location of Deeth 4a. Facility Nema (If not Institution, giva street and number) 4c. County of Death Poctors Community Hospital Lanham Prince George's 5. Social Security Number If Under 1 Year If Under 24 Hrs. 7. Age (In yrs. last birthday) Birthplaca (Stata or Foreign Country) 1□M 2XF Days Hours 577 18 5573 79 Yrs. Oct. 1, 1917 Washington DC Usual Rasidanca of Dacedant 10a, Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Prince Georges Bowie 1 Yas 2 No 10e. Street and Number 10f. Zip Code 10g. Citizan of What Country? 12703 Kingsfield Ln. 20715 United States 12. Was Dacedant Ever in U,S. Armed Forcas? 1 ☐ Yas ≥ 20 No If Yas, Giva Yaar or Detas; Wes Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuben, Maxican, Puarto Rican, atc.) 14. Rece - American Indian, Bleck, Whita, atc. 1 Navar Married 2 Married 1 ☐ Yas 2 No Specify: White Specify 3℃Widowed 4 Divorced 15. Dacedant's Education 16a. Decedant's Usuel Occupation 16b. Kind of Businass/Industry (Specify only highast greda complated) (Give kind of work done during most of working life. DO NOT use retired) Elamantary/Sacondary (0-12) College (1-4or 5+) Printing / Publishing 12 Accountant 17. Fethar's Neme (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Surnema) Richard Foote Louise Helen Abner 19a. Informent's Neme/Relationship (Type, Pnnt) 19b. Mailing Address (Straat and Number or Rurel Routa Number, City or Town, Stete, Zip Coda) June E. Piper / Daughter 1330 Evering Ave., Baltimore, MD 20b. Piace of Disposition (Nema of cametary, cramatory or other plece) 20a. Mathod of Disposition 20c. Location - City or Town, State 1 ☐ Burial ② Cramation 3 ☐ Ramoval from State 5 Other (Spacify) Green Mount Crematory Baltimore, MD 21. Signati 22. Name end Addrass of Facility CAFA Stephen D. Lohrmann P.A. 23a. Part1. Entaif the disaesa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one ceuse on each line. 8717 Green Pastures Dr., Baltimore, MD 21286 Approximeta Intervel Betwaan Onset and Death ACUTE RESPIRATORY Immedieta Causa (Finel disaasa or condition rasulting in deeth) Due to (or as a consequence of):

CHROMIC ORSTRUCTIVE RUMONARY

Due to (or es a consequence of): Sequentially list conditions, if any, laading to immadiate cause. Entar Undarlying Cause (Disaasa or injury that initiated avants rasulting in death) Lest 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Wara eutopsy findings availabla prior to completion of causa of deeth? 24a. Was an autopsy performed? 1 Yas 2 No 1 ☐ Yes 2 ☐ No

**Physician** /Medical Examiner

the other tra

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

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Pages 1 and 2 should be

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Examiner Physician/Medical

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Certification:

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Hospital or Attending Physician: 24 hours efter death. Funeral Director: After this certifice 24 hours

Division of Vital Records.

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

25. Was case refarred to madical 1 Inpatient 2 □ ER/Outpatient 3 □ DOA

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1 Yas 2 No 27. Mannar of Deeth Date of Injury (Month, Day Yaar) 1 Naturai 5 Panding invastigation 2 Accidant 3 Suicide 6 Could not ba 4 Homicide

28a. Place of Injury - At homa, farm, straat, factory, offica building, etc. (Spacify) 1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) end menner as stated.

26. Place of Death (Check only one) Othar: 4 Nursing Homa 5 Rasidence 6 Othar (Specify) 28c. Injury at Work? 28d. Dascriba how injury occurred 1 ☐ Yas 2 ☐ No 28f. Location (Streat end Number or Rural Routa Number, City or Town, Steta)

Certifying Physician: 10 that best of my knowledge, death occurred at that time, data and place, and due to the causa(s) and manner: On the bests of exemination and/or invastigation, in my opinion, death occurred at tha time, data and place, and due to the causa(s) and mennar statad. 29b. Signetura and titla of cartifier

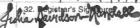
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State Registrar

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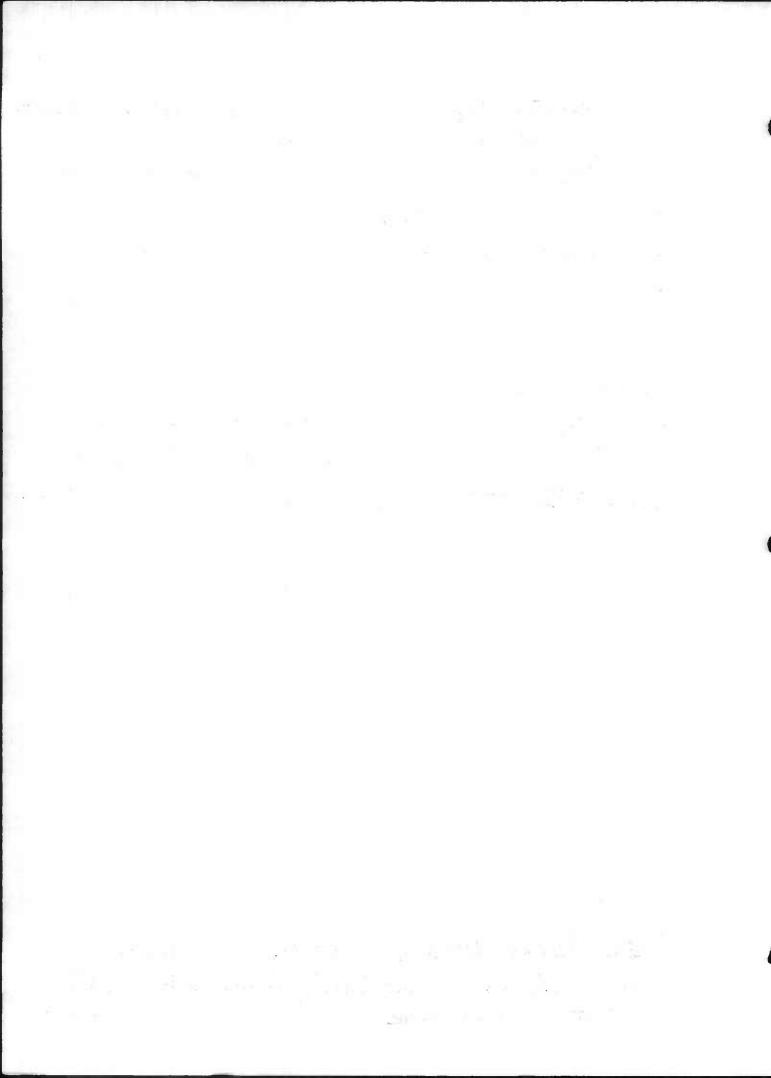
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	ath with th 23s or 2 sust be no	rai Director	3918 Liberty		R.	f. Zip Code 212	15	1	Og. Citizen of V		ry?
020	72 hours after death with the Marylar "natural", or Items 23s or 28s-f show idical Examiner must be notified at	by Funeral	11. Meritel Stetus  1 ☑ Never Merried 2 ☐ Married  3 ☐ Widowed 4 ☐ Divorced	12. Wes Decedent Ever In Armed Forces?  1. ☑ Yes 2 ☐ No If Yes, Give Yeer or Detes:	If Yes,	es 2 170	lispenic Origin? (Spen, Mexican, Puerto Specify:	ecify Yes or No- Rican, etc.)		e - America ck, White, e	
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-	ges 1 and 2 s I of Health an If them 27 is r or other traus		19e. Informent's Neme/Reletionship (T)  Noncy Poye  20e. Method of Disposition 1 □ Buriai 2 Decremetion 3 □ F	20b.		Name of	and Number or Run Ave, B	alto. on		212	16
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x 68760,	as that the death certificate be executed igned by the attending physician and be detached for use as the burial-transit.	/Medical Examiner	Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in deeth) Lest	Due to	cores e consequence patic 3 or es e consequence	Faile	state C ure	Lanier			3 yrs zwks
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	To t To t	Σ	29b. Signature and title of certifier	WHAT WHE	Luis	29c. License	e number	2	9d. Dete signe	4	
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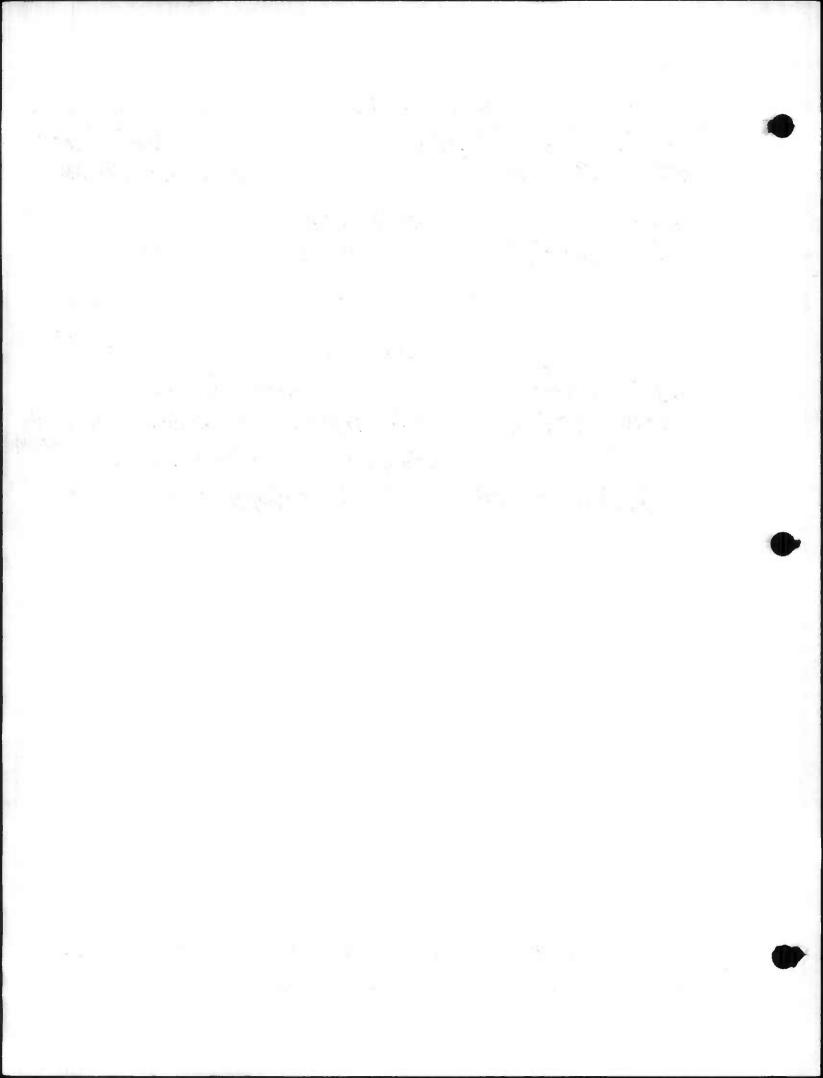
State of Maryland / Department of Health and Mental Hygiene

Item5 8-12-97 FilmG750 W.H.Per Informant Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Reddick Month **Physician** Shirley Ardelia 10:15 Am 1997 03 /Medical 4b. City, Town, or Location of Deeth County of Dec Examiner # Under 1 Year # Under 24 Hrs. 8. Date of Birth Months Days Hours Min. (Month, Day **Funeral** T M Director 213-26 4254 Decedent permit. Pages 1 end 2 should be filed within 72 hours efter death with the Maryland Department of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or itema 23e or 28e-f show any Injury or other transmit to want, I'm Menters Exempres must be notified at 10a. State 10b. County 10d. Inside City Limits 1 Yes 2 Dino Director 10e. Str 10g. Citizen of What Country? et and Numb Funeral Wes Decedent Ever in U.S. Armed Forces?

1 Yes 2 Ho Wes Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 11. Maritai Status 1 Never Married 1 Yes 2 If Yes, Give Year or Detes: 2 Merried Saltimore, Maryland 21215-0020 1□ Yes 2000 Specify: þ 3 ☐ Widowed 4 ☐ Divorced 16a. Decedent's Usual Occupation (Give kind of work done during most of working life_DO NOTjuse retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/industry Elementary/Secondery (0-12) College (1-4or 5+) 17. Father's Name (First, Middle, Last 18. Mother's Name (First, Middle, Majden Suma 20b. Place of Disposition (Name of cemetery, cremetory or other) 20a. Method of Disposition 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from Stete 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service License ter the diseese, or complicetions that ceused the death. Do no heert fallure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final 24 Lours SUBARACHNOID HEMMOR HAGE disease or condition resulting in death) Examiner Examiner Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last Due to (or as a consequence of) Physician/Medical Due to (or as a consequence of) Box Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown Hypertension þ 24b. Were autopsy findings available prior to completion of cause of death? Completed 24a. Was an autopsy parformed? Duabetes mellitus After this certificate has 2 TINO 1 Yas 2 No 1 Yes Division of Vital To the Hospital or Attanding Physician: within 24 hours after death.

To the Funeral Director: After this certifica 25. Was case referred to medicel Be 28. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 1 Inpatient 2 2 ER/Outpatient 3 DOA completaly filled in by the funeral 27. Menner of Death 28a. Date of Injury (Month, Dey Year) 28c. Injury at Work? 28d. Describe how Injury occurred Certification: 28b. Time of 5 Pending Investigation 1 Natural 1 Yes 2 🗌 No 2 Accident 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rurel Route Number, City or Town, State) Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 4 Homicide 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29e, Certifier Medical 29b. Signature end title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 047336 1987 Laurence range 30. Name and address of parson who completed ceuse of death (Item 23a) (Type, Print) 11055 Little Paturet PKWY suit 209 Columbia, MD Lawrence Naryn M.O. G. 31. Date filed (Month, Pay Year) 7 1997 32. Registrar's Signeture State Julia Davidson Registrar



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State of Maryland /	Dep	artme	nt of	Health	and	Mental	Hygiene	(
	_		_					- 01

20403 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death **Physician** William Horace Month 03 1997 0 /Medical 4b. City, Town, or Location of Death 4a. Facility Nama (If not Institution, giva street and number Examiner 4c. County of Death Pleasant Living Conv. Center

5. Social Security Number 6. Sax 7. Age (in yrs. last birthday) Edgewater
If Under 1 Year | If Under 24 Hrs. | 8. Anne Arundel 8. Data of Birth (Month, Day, Year) Birthplaca (Stata or Foreign Country) **Funeral** 1☐M 2□ F Months Days Hours Min. Yrs. Director 577-05-1997 88 Mar. 17, 1909 Maryland Usual Residence of Decedant 10a. Stete 10c. City, Town or Location 10b. County 10d. inside City Limits MD Anne Arundel Churchton Director 1 ☐ Yes 2 No 28a-f 10e. Street and Number 10f. Zip Coda 10g. Citizan of What Country? b must be 5650 Battee Drive 238 20733 Funeral USA 11. Meritei Status 12. Wes Decedant Evar in U,S. Armed Forcas? Wes Decedant of Hispenic Origin? (Specify Yes or No-If Yas, specify Cuban, Maxican, Puarto Rican, etc.) 14. Rece - American Indian, Biack, White, etc. 1 ☐ Nevar Married 2 ☐ ★arried 1 ☐ Yas 2 € No If Yas, Giva Yeer or Detes: 6 1 ☐ Yas 2 ☐ No Specify: à 3 Widowed 4 Divorced Specify: White 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacedant's Education (Specify only highast grade complated) 16b. Kind of Business/Industry Сотр Elamantery/Secondary (0-12) College (1-4or 5+) Manager Grocery Baltimore, Maryland 17. Father's Nema (First, Middle, Last) 18. Mother's Name (First, Middla, Maiden Sumama) Be Menta marked Joseph O. Soper Sr. 0 Margaret E. Gatton 19a. Informent's Name/Relationship (Type, Print) 19b. Mailing Addrass (Straat and Number or Rural Routa Numbar, City or Town, Stata, Zip Code) Department of Health a Important: If Item 27 is any injury or other trace Margaret Alice Soper/Wife 5650 Battee Drive, Churchton, MD 20733 20b. Place of Disposition (Nama of cematary, crematory or other placa) 20a. Mathod of Disposition Date 20c. Location - City or Town, Stata 1 □ Burlal 2 □ Cremetlon 3 □ Ramovel from Stata 4 □ Donation 5 □ Othar (Specify) Lakemont Cemetery 7/7/97 Davidsonville, MD 21. Signature of Funarei Sarvice Licensae 22. Nama and Addrass of Fecility Hardesty Funeral Home, P.A. 12 Ridgely Ave. Annapolis, MD ceusa on aach lina. 21401 Enter the disease or or heart failure List **Physician** Mus cardial Infarction /Medical immediete Causa (Final diseesa or condition rasulting in death) Examiner Due to (or as a consequence of):

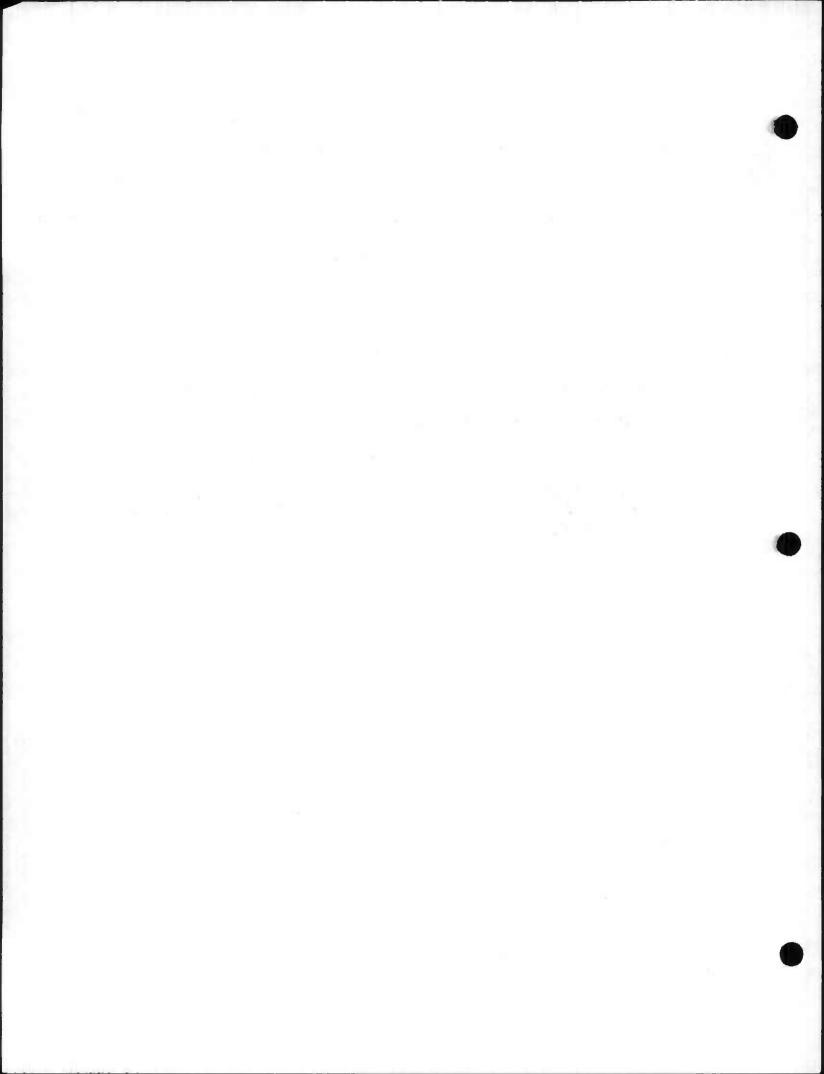
Scistio Into In Bleading with Anema 2 weeks

Due to (or as a consequence of):

1 to Single Intention 2 years Examiner The law requires that the death certificate be executed physician end the burial-transit Sequentially list conditions, if any, leading to immediate causa. Entar Undarlying Causa (Disaase or Injury of the Small & Intestine 2 years Box 68760, Physician/Medical thet initieted avants resulting in death) Last for use es P.O. Part II. Other significant conditions contributing to death but not rasulting in the underlying cause given in Part I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Division of Vital Records, þ 24b. Ware autopsy findings available prior to completion of cause of daath? Completed 24e. Wes an autopsy performed? page 2 s has certificate 1 Yas 2 No 1 ☐ Yes 2 ☐ No 25. Wes casa rafarrad to medical axaminar? Be 26. Placa of Daath (Check only ona) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Othar: 4 Nursing Homa 5 Residence 6 Other (Specify) 1 Yas 2 No P this 27. Manner of Death 28a. Data of Injury (Month, Day Year) 28c. Injury at Work? 28d. Dascribe how injury occurred Certification: After Hoapital or Attending 5 Pending invastigation 1 Naturel 2 Accident 124 hours efter death... • Funeral Director: Aft bietely filled in by the fur 1 Yas 2 No 6 Could not be 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 3 ☐ Suicide 28a. Plece of Injury - At homa, farm, straat, factory, office building, atc. (Specify) 4 | Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination end/or invastigation, in my opinion, death occurred at the time, dete and place, and due to the cause(s) and menner stated. edical 29a. Cartifiar To the Hoap within 24 ho To the Fune completely fi (Check only one) 29c. Licansa number 29b. Signetura end titia of certifiar 29d. Deta signed (Month, Day, Year) 038563 July 03, 1997 30. Nema and addrass of person who completed cause of deeth (Item 23e) (Type, Print) 134 Oversville Road Wost River 6 31. Data filed (Month, Day, Yaar) 32. Registrar's Signatura State whe Savidson Registrar

**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Dacedant's Nama (First, Middla, Last) 2. Data of Daath Month (ULL) SWANN ANSWER 720 4a. Fecility Nama (If not institution, giva street and numbar) 4b. City, Town, or Location of Daeth 4c. County of Deeth Anne Arundel Medical Center Annapolis Anne Arundel If Under 1 Yaar If Under 24 Hrs.
Months Devs Hours Min. 7. Aga (In yrs. last birthday) 8. Date of Birth (Month, Day Year)

Jan 19,1932

9. Birthpleca (Stata or Country).
Virginia 9. Birthpleca (Stata or Foraign Months Deys 1 M 2□ F 65 Yrs. 10c. City, Town or Location 10d. Insida City Limits Edgewater 1 Yas 2 No 10g. Citizen of What Country? 10f. Zip Coda 21037 U.S.A. 12. Was Dacedant Evar in U,S Armed Forcas? Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puerto Rican, atc.) Race - Amarican Indian, Black, White, atc.

Director

**Physician** 

/Medical

Examiner

5. Social Sacurity Number

227-36-1018

Baltimore, Maryland 21215-0020 à þ

"natural". the Medical 2 should be fi and Mental H is marked off permit. Pages 1 and 2 at Department of Health and Important: If Hem 27 is n any injury or other traun Pages nend to be

**Physician** /Medical Examiner

buriel-tran end physicien sthe buriel Box 68760. P.O. 2 s been signed to should be det Records, has le 2 certificete Division of Vital Hospital or Attending Physician:
124 hours efter death.
 Funeral Director: After this certifice letely filled in by the funeral director; To the Hosp within 24 hor To the Fune completely fi

Usual Rasidance of Dacedani 10a. Stata 10b. County MD Anne Arundel 10e. Street and Number → 128 River Road 1 X Yas 2 □ No If Yas, Giva Yaar or Datas: 1 Navar Married 254 Marriad 1 Yes 2 No Specify: Specify: White 3 ☐ Widowad 4 ☐ Divorced Completed 16a. Decedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Dacedant's Education 16b. Kind of Businass/Industry (Specify only highast grada complated) Elamantary/Sacondary (0-12) 1 2 Collaga (1-4 or 5+) Brick Layer Construction 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middle, Maidan Surnama) Answer N. Swann, Sr. Winston 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Mickie Ann Swann/spouse 128 River Road Edgewater, MD 21037 20b. Placa of Disposition (Nama of cematary, crematory or other place) 20a. Mathod of Disposition 20c. Location - City or Town, Stata Wurial 2 Cramation 3 Ramoval from Stata Lakemont Mem. Gardens 7/9/97 Davidsonville, MD 4 ☐ Donation 5 ☐ Othar (Spacify) 22. Nama and Addrass of Facility Hardesty Funeral Home, P.A. hat caused the death. Do not enter the mode of dying, such es cardiac or raspiratory arrest, on each line. 23a. Part T. Enter tha disaase shock, or haart failure. Immadiate Cause (Final disease or condition resulting in death) Due to (or as a cont Examiner Sequantially list conditions, if eny, leading to Immadiata causa. Entar Underlying Cause (Disaasa or Injury Due to (or as a consequence of): Physician/Medical that initiated events rasulting in daath) Last Dua to (or as a consequanca of) Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? 1 ☐ ¥68 2 ☐ No 3 Probably 4 Unknown 24a. Was an eutopsy

PV 24b. Wara autopsy findings evallabla prior to Completed completion of causa of death? 1 ☐ Yes 2 ☐ No Be 25. Was casa referred to medical axaminer? 26. Placa of Death (Check only ona) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yas 2 No 1. Inpatiant Certification: To 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of Injury (Month, Day Year) 27. Mannar of Death 28d. Dascribe how Injury occurred 28b. Time of 28c. Injury at Work? 1 Natural 5 Panding 1 Yas 2 No 2 Accidant invastigation 6 Could not be 3 Suicida 28e. Place of Injury - At home, farm, straat, factory, office building, etc. (Specify) 28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 4 Homicide Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Cartifian (Check only one)

29b. Signature end titla of certification

29c. Licansa numbar

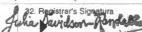
29d. Data signed (Month, Day, Year)

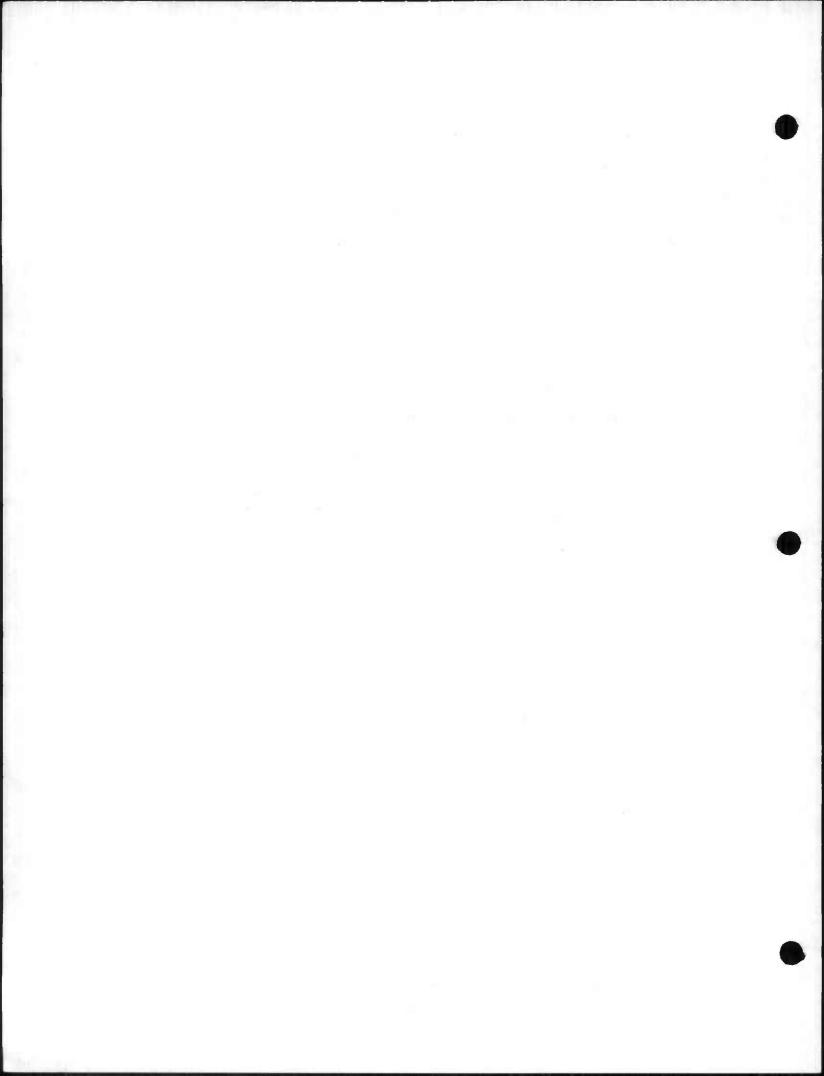
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State Registrar





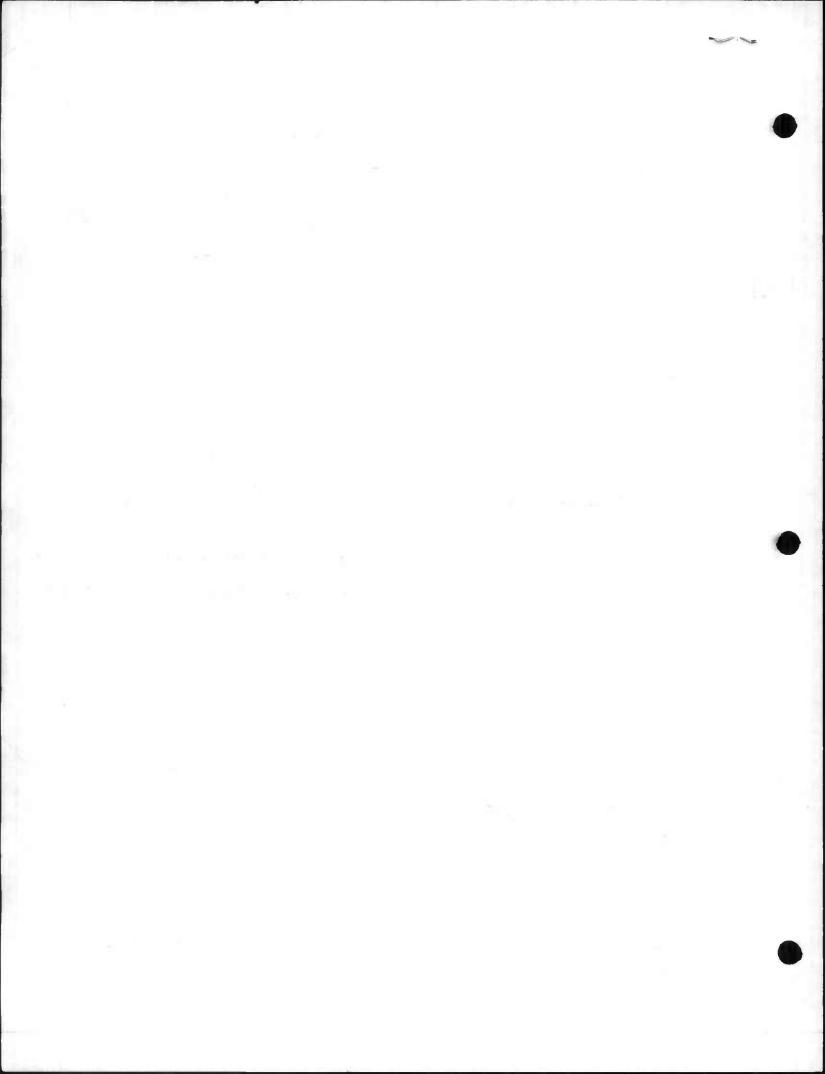
Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 20405 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month **Physician** NeZ mIT 9:25 7.M. /Medical 6 4a. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner Baltimore Secours 5. Sociel Security Number 6 Sex 7. Age (In yrs. last birthday) If Under 1 Year | if Under 24 Hrs. 9. Birthplace (Stete or Foreign Country), **Funeral** 216-07-0854 1 M 2 F Deys 844 Yrs. Director Usuel Residence of Decedent 10a Stete 10h Counts 10c. City, Town or Location 10d. Inside City Limits Baltimore 1 Yes 2 No Director NA 289-11 10f. Zip Code 10e. Street end Number 10g. Citizen of Whet Country? 8 841 U.S.A 12. Wes Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give Yeer or Dates: 11. Maritel Status 13. Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Reca - American Indien, Bleck, White, etc. 1 Never Married 2 Merried 1 ☐ Yes 2 🕱 No Specify. þ Specify: Black 3 Widowed 4 □ Divorced Completed 15 Decadent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Baltimore, Maryland 21215 (Specify only highest grede completed) Elementery/Secondary (0-12) College (1-4or 5+) Juse 10th grade 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surneme) d 2 should be fill th and Mental H 7 is marked oth Be Cooper Thompson Stella 10 19e. Informent's Neme/Relationship (Type, Print) Malling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) important: If then 27 is n 2149 Md da 15488 20b. Place of Disposition (Neme of 20a. Method of Disposition Dete Pages 1 20c. Location - City or Town, State 1 Buriel 2 Cremetion 3 Removel from State 4 Donetion 5 Dother (Specify) 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecilit 21215 23a. Part 1. Enter the disease, on complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Da No. Med Avenue Approximete Interval Between Onset end Deeth Physician /Medical Immediete Cause (Final disease or condition resulting in death) CONICHSTUN /TIME PHILUNI 40041 **Examiner** Due to (or es e consequence of): Examiner (ONUNIAM ANDING OISHASIL Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting In deeth) Last physician and s the burial-tran Due to (or es a consequence of): P.O. Box 68760. Physician/Medicai Due to (or es e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Unknown should be det Records, þ 24b. Were eutopsy findings aveileble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? page 2 certificate 1 ☐ Yes 2 ☐ No of Vital b Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica etely filled in by the funeral director, i 25. Wes case referred to medical examiner? Be 26. Plece of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) DO NO Medical Certification: To 1 Yes 2 ER/Outpetient 3 DOA Inpatient 27. Menner of Deeth 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred Division 5 Pending Investigation 1 Naturel 1 Tes 2 🗆 No 2 Accident 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined 28e. Placa of Injury - At home, farm, street, fectory, offica building, etc. (Specify) 4 ☐ Homicide within 24 hours aft To the Funeral DI completely filled in 29a. Certifier 🚈 Certifying Physician: To the best of my knowledge, death occurred et the time, date end place, end due to the cause(s) end menner as stated. 2 Medical Exeminer: On the besis of examinetion and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) and manner stated. To the 29b. Signature and title of confificy 29d. Date signed (Month, Dey, Year) 29c. License number

State Registrar 31. Date filed (Month, Day, Year)

JUL 0 7 1997

and address of parson who completed cause of deeth (Item 23a) Type, Print) Shan Mo Registrar's Signature - Davidson

secour Hospital



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 20406 Certificate of Death 1. Decedent's Nenta (First Middle Last) 2. Dete of Deeth 3. Time of Death OELYD, STEINBACK :25 Am Juli 4c. County of Death 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth Bor Secours Hospital limorE a 6. Sex If Under 1 8. Date of Birth (Month, Day, Year) MAY 23, 1912 5. Sociel Security Number 9. Birthplece (State or Foreign N. CAROLINA 7. Age (In yrs. last birthday) Days 1□M 2□F 218-07-6356 85 Yrs Usual Rasidence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits XXYes 2 No n/a BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 21216 UNITED STATES AVENUE 3010 HARLEM 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 14. Rece - American Indian, 11. Maritei Stetus Bleck, White, etc. 1 Never Married 2 Married 1 Yes 2 No if Yes, Give XX Yeer or Dates: 1 ☐ Yes 2 ₹ No Specify: BLACK 3 √Widowed 4 □ Divorced 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Eiementery/Secondary (0-12) College (1-4or 5+) DRY CLEANERS 9 th LABORER 17. Fether's Nema (First, Middla, Last) 18. Mothar's Nama (First, Middle, Melden Surname) STEADMAN JOSEPHINE SELLARS WILLIAM 19e. Informent's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) BALTIMORE, MD 21216 WOODS sister HARLEM AVENUE, ANNIE 20a. Mathod of Disposition 20b. Place of Disposition (Neme of cemetery, cramatory or other place) 20c. Location - City or Town, Steta

MEMORIAL

WM. C. MARCHFH.-4300

22. Neme end Address of Fecility

**Physician** /Medical Examiner

Baltimore, Maryland

Box 68760,

P.O.

Records,

Division of Vital

**Physician** 

/Medical

Examiner

10e. State

MD

Director

Funeral

**Funeral** 

Director

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h and Mental It is marked of and 2 should be

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important: If Isem 27 any injury or other to

Hospital or Attending Physician: The law requires that the death certificate be executed 24 hours either death.
24 hours either death.
24 hours either death.
25 pen signed by the attending physician and briestor; After this certificate has been signed by the attending physician and eathy filled in by the funeral director, page 2 should be deteched for use as the burial-transit

Physician/Medical þ Completed Be Certification: To

To the Hospital o within 24 hours eff To the Funeral Di completely filled in

State Registrar

Examiner

25. Was casa raferred to medicat exeminer?

Sequentially list conditions, if eny, laeding to immediate ceuse. Entar Underlying Cause (Diseese or injury that initiated avants resulting in death) Last

1 Yas 2 No

27. Mannar of Death

1 Maturel

3 Suicide

29a. Cartifier

2 Accidant

4 Homicide

29b. Signeture end title of certifier

immediete Ceusa (Finat diseese or condition rasulting in death)

21. Signeture of Funaral Service Licensee

Glad

Wa

Due to (or es e consequence of):

1 Dinpatient

Pert II. Other significant conditions contributing to death but not resulting in the underlying ceusa given in Pert i. Hy pothyroidsn

ARBUTUS

23e. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory errest, shock, or haert failura. List only ona ceusa on aach line.

2 ☐ ER/Outpetient 3 ☐ DOA 28b. Time of injury

28a. Data of injury (Month, Dey Year)

Plece of Injury - At home, ferm, street, fectory, office building, etc. (Specify)

Other: 4 Nursing Home 5 Residence 6 Othar (Specify) 28c. injury at Work? 1 TYes 2 □ No

26. Placa of Death (Check only ona)

24e. Wes an eutopsy performed?

1 Yes

2 10 No

Certifying Physician: To tha bast of my knowledge, deeth occurrad at tha time, date end place, end due to the ceuse(s) end mennar es stated. 2 Medical Examinar: On the basis of examination end/or investigetion, in my opinion, daath occurred at the time, date end place, and due to the ceuse(s) end menner stated.

29c. License number

29d. Dete signed (Month, Day, Year)

PARK 7-8-97 ARBUTUS, MD

WABASH

30. Name and eddress of person. ho completed ceuse of daeth (itam 23a) (Type, Print) Bon Secours Wosp. tal, Baltimory Mel 21223

Hospital:

in D

31. Dete filed (Month, Day,-Year) 071997

5 Pending invastigation

6 Could not be determined

32 Registrar's Signature

DHMH 16 Rav 6/95

edicai

28d. Describe how injury occurred Location (Street end Number or Rural Route Number, City or Town, State)

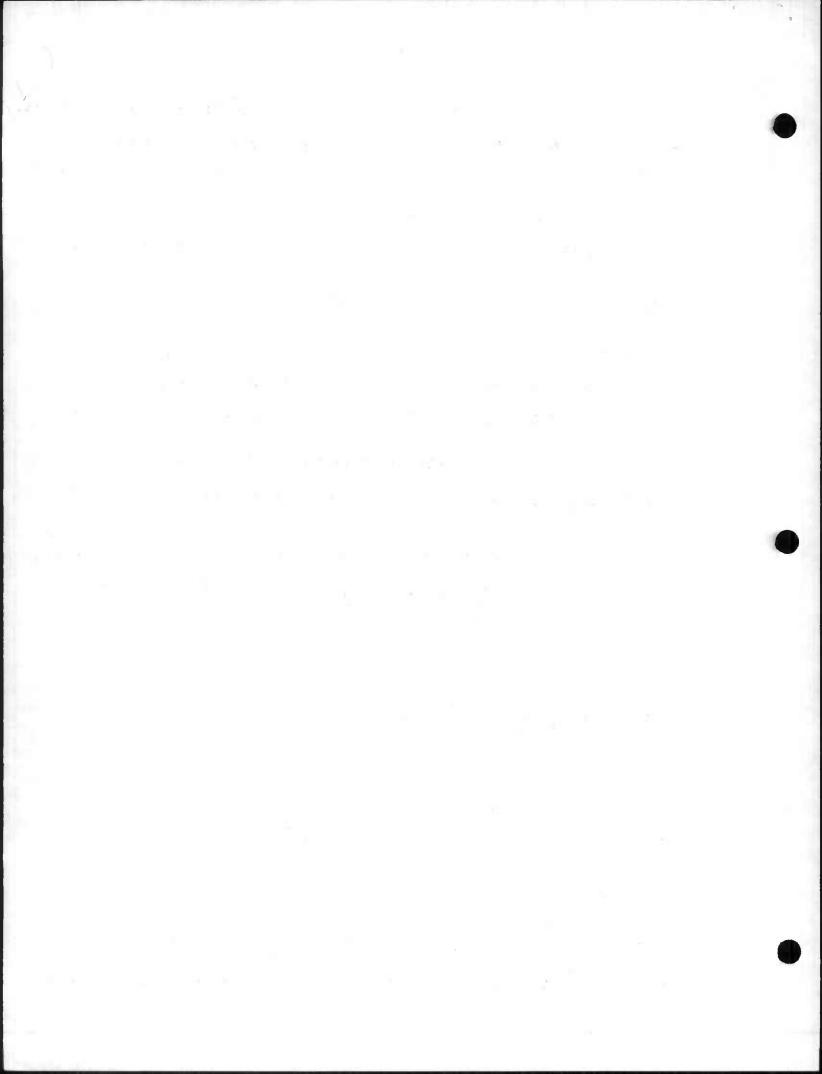
23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

1 ☐ Yes 2 ☐ No

24b. Were autopsy findings eveileble prior to completion of ceuse of deeth?

AVENUE

Approximete intervet Between Onset end Death



97-3642-510 CTP EARL SPRUIEL

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

1. Decedent's Neme (First, Middle, Last) **Physician** /Medical

**Funeral** Director

ir than "natural", or items 23a or 28a-f ahow the Medical Exampler near be notified at

permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mental Hygiene. Important: if item 27 Is marked other than "natural", or ites may Injury or other traumatic event, the Mourcal Examina page. Baltimore, Maryland 21215-0020

**Physician** /Medical Examiner

physician and s the burial-transit The law requires that the death certificate be executed signed by t I be detach page 2 should b certificate has Hospital or Attending Physician: 4 hours after death. this After eral Director: A filled in by the f To the Hospital within 24 hours a To the Funeral Completely filled

Box 68760.

P.O.

Records,

Division of Vital

2. Dete of Deeth 3. Time of Death Month Dev Earl Spruiel 2, 1997 JULY 2:30 PM 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** 1256 NORTH BROADWAY BALTIMORE NA 5. Sociel Security Number 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. Birthplace (State or Foreign Country)
 N C 8. Dete of Birth (Month, Dey, Year) Months 1 X X 2 F Deys Hours 238-14-0339 78 04-16-19 Usuel Residenca of Decedent 10a Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits Md. NA Baltimore Director XX Yes 2 No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 1256 North Broadway 21213 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ♣ ¥io If Yes, Give Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien. Bieck, White, etc. 1 Never Married 2 Married 1 Yes 2 No Specify: ρ Specify: Black 3 Widowed 4 Divorced Yeer or Detes: Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry College (1-4or 5+) NA Elementery/Secondary (0-12) 10th Grade Laborer Glen L. Martin 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) Be Alanta McBride Spruiel Lester 2 19e. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) Mills 1105 Omaha Street Greensboro, N.C. 20b. Piece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, State 1 Burlal 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify) Voshell Mem. Gardens 07-07-97 Dundalk, Md. 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility Baltimore, Maryland 21202 Wm.C. March FH 1101 E. North AVenue 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or hear failure. List only one cause on each me. Approximete Interval Between Onset end Deeth Atheroscleratic Cardiovascular Disease Immediete Ceuse (Final diseese or condition resulting in death) Physician/Medical Examiner Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that Initieted events resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequence of): Pert il. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of deeth? 3 Probably 4 Nonknown 1 ☐ Yes 2 ☐ No ģ 24b. Were eutopsy findings eveileble prior to completion of cause of deeth? Completed 24e. Was en eutopsy 1 Yes 2 No 1 Yes 2 PNo Be 25. Was case referred to medical exeminer? 26. Place of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Hospitel: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA XXes 2□ No 2 27. Menner of Deeth 1 W Neturel Certification: 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 3 Sulcide 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Pieca of injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide edicai 1 Certifying Physicien: To the best of my knowledge, deeth occurred et the time, dete end pleca, end due to the ceuse(s) end menner es steted.

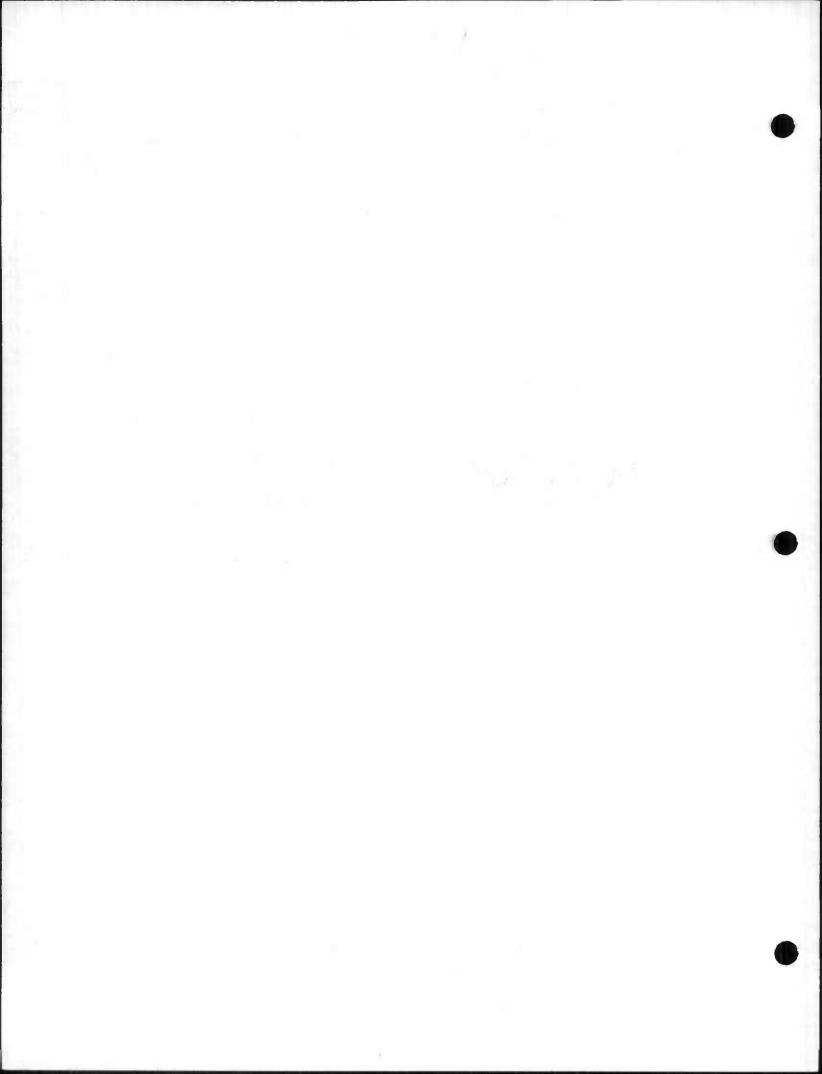
Wedlcal Exeminer: On the basis of exeminetion end/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the cause(s) end menner steted. 29a. Certifier 29b. Signeture and title of cartifier 29c. License number 29d. Dete signed (Month, Dav. Year) bute, mo O.C.M.E. JUNE 3, 1997 30. Name end eddress of person who completed cause of deeth (item 23e) (Type, Print) Chute, 10 111 Penn Street, Baltimore, Maryland 21201

State Registrar

State of Maryland / Department of Health and Mental Hygiene 97

							(	Certifica	ite of	Death			Reg. No.	1 (	. 0 7	00
Dhu			ecedent's Nem	e (First, Middle, La	,							2. Dete of De Month		Year	3. Time	of Deeth
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	ımine	40.		f not Institution, giv S HOPKINS					I	BALTIM	ORE	cation of Deeth	4c. Count			
Fune Direc		34	ociel Security N 5-28-63 lel Residence of	85	ex □M 2□F	7. Age (In y	rs. lest birth Yı	Month	er 1 Yeer Deys		24 Hrs. Min.	8. Dete of Bir (Month, De AUG 7,		9. Birthpi Count Illi		e or Foreign
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h with the	Disector		Street end Num 20 Litc	nber hfield Ro	oad			10f. Z	ip Code	39			10g. Citizen of	Whet Coun	try?	
15-0020 in 72 hours after death with the Maryland "netural", or Hems 23a or 28=4 show	by Eugeral	5	Marital Status 1 ☐ Never Merri 3 ☐ Widowed	ed 2 Married	12. Wes Dec Armed Fo 1 Tes If Yes, Gi Year or D	orces? 2√□ No ve	u,S.	13. Was Dec If Yes, sp				ecify Yes or No Rican, etc.)		ce - America ck, White, e	etc.	
Maryland 21215-0020 d 2 should be filed within 72 hours at th and Mental Hygiene. T is marked other than "natural", or traumatic year.	Completed	E E	(Special lamantary/Second	15. Decedent's Edify only highest greendary (0-12)	ducation de completed) Collega (	1-4or 5+)	9	Decedent's Us Give kind of v ife. DO NOT	rork done use retire	dunna mas	st of worki	ing	16b. Kind of E	Business/Ind	lustry	•
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SION OF	Certification: T		Menner of Deeth 1 Deeth 2 Accident 3 Suicide	5 Pending investigation	28e. Dete (Mon		28b. Tin	ne of	28c. Inju		No	28d. Describe I	how Injury occu	rred		
A			4 Homicide	determined	256. Pieca buildi	ng, etc. (Spe	ocify)	n, street, fecto				City or Tox				mber,
the Hosp	Medical		one)	1 Certifying Ph 2 Madical Exen	ninar: On the b	asis of exemi ner steted.	Inetion end/	or Investigetion	n, in my	opinion, dee	th occurre	ed at the time,	date and placa,	and due to	the cause	
Twitt Too	2	29b	Signature end	title of cartifier  Class of person who chang in the pay, Yeer)	longer	D M	cdica Elsidi	ent 2	Pc. Licen	se number	00	0	29d. Date signed	3	Jey, Year)	97
-	State	Pa 31.	VICIA  Dete filed (Mont	th, Day, Yeer)	D Si	op tins legistrer's Sig	ospita pnature	1,6001	J.Wt	lfe St	-, Bal	timore	MD212	87		
	istrar			JUL (	7 1997)	) gi	chia Day	idson-R	ndelle							

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Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Death 3. Time of Death Month Dey **Physician** Lucille Margaret Shipley 1997 JULY 12:45am /Medical 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Belcamp 1208 Mistwood #102 Harford 7. Age (In yrs. last birthday) If Under 1 Year Hours Min. FEB 5, 1922 Maryland 5. Sociel Security Number **Funeral** Months Days 1 □ M 2√2 F 220-22-1730 75 Yrs. **Director** Usual Residence of Decedent permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Health and Mental Hygiene. Important: if item 27 is marked other than "natural", or items 23s or 28s-1 show any injury or other traumatic event, it a Medical Examiner most be notified. 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD Harford Belcamp 1 Yes 2 No Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 1208 Mistwood #102 21017 USA Funeral 12. Was Decedent Ever in U,S. Armed Forceş? 1 ☐ Yes 2 ☐ No If Yes, Give Yeer or Dates: Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Black. White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: Specify:White by 3 ☐ Widowed 4 □XDivorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Food Service Restaurant 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Alvin E. Nettleship UNK. 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Sandra F. Myrick-Friedel/daughter 1208 Mistwood #102 Belcamp, MD 21017 20b. Placa of Disposition (Neme of cemetery, cremetory or other pleca) 20c. Location - City or Town, Stete 20a. Method of Disposition 1 ☐ Burial 2 X Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) Metro Crematory, Inc. 7/2/97 Baltimore, MD 21. Signature of Funeral Service Ucenseer

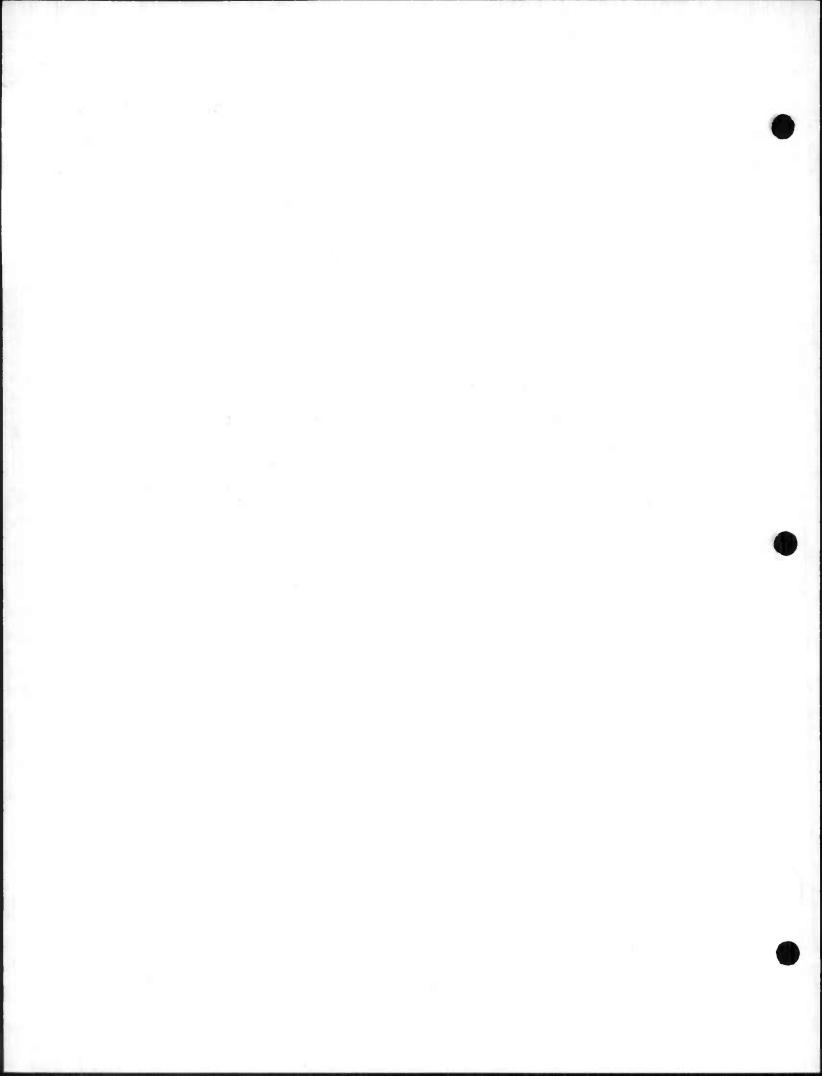
Dawn F. McDonald

Dawn F. McDonald 22. Name and Address of Facility Cremation Society of Maryland, Inc. 299 Frederick Rd. Baltimore, MD 21228 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Renal Failure 9 Days Examiner Due to (or as a consequence ot) Examiner Hypertension physician and the buriel-transit that the death certificate be executed Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequence of): sion of Vital Records, P.O. Box 68760 Physician/Medical Due to (or as a consequence of): signed by the eld be detached for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were autopsy findings available prior to completion of cause of death? should 24a. Was en autopsy performed? Completed 1 ☐ Yes ZXNo 1 ☐ Yes 2 ☐ No inding Physician: funeral director, 25. Was case reterred to medical examiner? 26. Place of Death (Check only one) Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 2 1 ☐ Yes this 27. Manner of Death 28a. Date of Injury (Month, Dey Year) 28b. Time of 28d. Describe how injury occurred Certification: 28c. Injury at Work? After Watural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 3 Sulcide 6 Could not be determined Location (Street end Number or Rural Route Number, City or Town, State) 28e. Placa of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 6 Cartifying Physician: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and manner as stated.

2 Madical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medicai 29a. Certifier 29d. Date signed (Month, Dey, Year) 29b. Signature and title of certifier 29c. License number hrovolidis 97. 9574 30. Name and address of person who completed cause of death (Item 23a) (Type, Print) Beleir, Md -21014 D. L. PIROVOLIDIS M.D - 104 Plumtree Rd 31. Date filed (Month, Day, Year)

State Registrar

32. Registrar's Signature Julia Davidson-Rando De JUL 071997

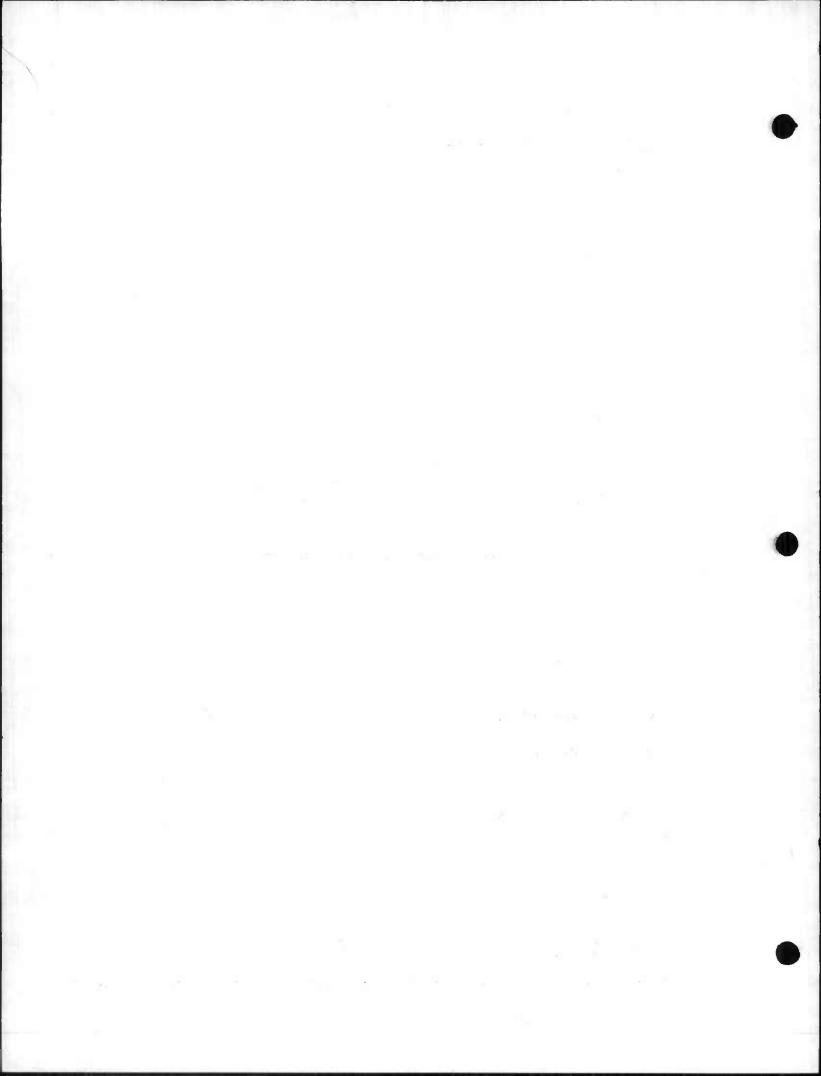


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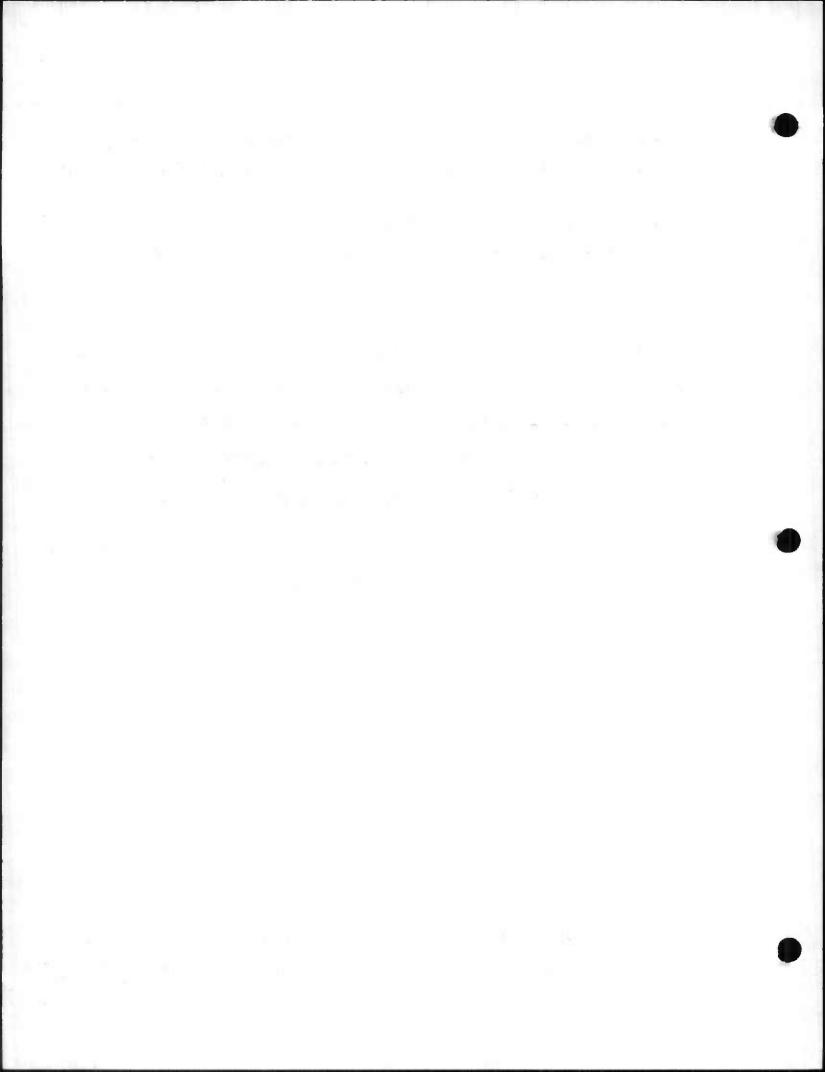
						Certifica	ate of			Reg. No.	1 6	20410				
	Dhuaia	:a=	1. Decedent's Neme (First, Middle, L	ast)					2. Dete of D		Yeer	3. Time of Deeth				
	Physic /Medi		William Wen	ceslaus		SEYMOU	JR		July 2	, 1997	1001	7:58 AM				
	Exami		4a. Facility Neme (If not institution, g	ve street end number)				4b. City, Town, or	Location of Dae	th 4c. Count	y of Deeth					
		J	Franklin Squar	e Hospital C	enter			Roseda1	e	Balti	more					
	Funeral Director		5. Social Security Number 6. 214-16-3458  Usuel Residence of Decedent	Sex 7. Aga (/in 1	yrs. lest birt	Yrs. If Und Month	dar 1 Yaar ns Deys	If Undar 24 Hrs	8. Date of Bi	8, 1916	9. Birthple Count Maryl	ece (Stete or Foreign ny) and				
	and w		10a. Stete 10b. County	100	c. City, Town	n or Location					10	d. Inside City Limits				
	Ra-1 sho	ector	MD Baltimo			ltimore						1 ☐ Yes 2 No				
	ath with the 23a or 2	Funeral Director	10e. Street end Number 2824 Ontario Ave				Zlp Coda 212			10g. Citizen of USA						
21215-0020	be filed within 72 hours after death with the Maryland Ital Hygiene. Id other than "natural", or items 23s or 28s-f show event, the Medical Examiner must be notified at	by	11. Marital Status  1 □ Navar Merried 2 ☑ Married  3 □ Widowed 4 □ Divorcad	12. Was Decedent Ever Armed Forces? 1 ☒ Yes 2 ☐ No If Yes, Give Year or Detes:	in U,S.			Hispenic Origin? (Seen, Mexican, Puer Spacify:	Specify Yas or N to Rican, atc.)		ce - America ck, White, e White	tc.				
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, Maryland	Tand 2 sh Haaith and em 27 is m other traum		19a. Informent's Name/Relationship Thomas L. Seymour	/son	7	719 Bab	ikow	Rd. Balt				Coda)				
Baltimore,	agas ant of t: If it		20e. Method of Disposition 1 ☐ Burlel 2 X Cremetion 3 I 4 ☐ Donetion 5 ☐ Other (Spec	_remover from State		Disposition (A y, cremetory o Cremat		Inc. 7/3	Date	20c. Location Baltin						
Balti	permit. F Department Importan any injur		21. Signeture of Funerel Servica Lice	land, In	ic.											
_	-		299 Frederick Rd. Batlimore, MD 21228  23e. Pertl. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feiture. List only one cause on each line.  Approximate Interval Between													
	Dhunisian	shock, or heart fellure. List only one cause on each line.														
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	unsit	edical Examiner		b. —		9										
6	axect n and al-tra	Exa	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying	Due	to (or es e c	s e consequence of):										
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Z Q Q	attar attar	cla	Death Otherstead - March - Mills													
J.	tha c	Physician/M	Pert II. Other eignificant conditions	contributing to death but no	t resulting in	the undertying	g causa gr	ven in Part I.		,		the cause of death				
	The law requires that the death certificate be assocuted the has been signed by the attending physician and page 2 should be detached for use as the bunal-transit	by P	Coronary Arter	y Disease					1	Yes 2 No	3 Probl	ably 4 Unknow				
20	Julias n sign	요							24a. Wes	en eutopsy	24b. Wer	e eutopsy findings				
S	w require been si should	Completed	Chronic Renal	Failure					perf	ormed?	com	lleble prior to apletion of cause eeth?				
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g			25. Wes casa referred to medical					of Discoul D			1 ''	Yes 2□ No				
>	ysician: is cartific director,	o Be	exeminar?	Hospital:	. □ ED/O.		Oti	hor	eth (Check only		- 40 - 41					
Division of Vital Records,	A Albana Pi	Certification! To	27. Menner of Deeth  1 Neturel 5 Pending	28e. Dete of Injury (Month, Dey Yea		ime of njury	28c. Inju Wo	4 LI Nursing I		idenca 6 Oth	1-1-17					
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2.	Part of	er!	4 ☐ Homicide determined	building, etc. (Sp	pecify)	, σιισσι, τσσι	ory, omeo			wn, Steta)						
	To the Hospital or within 24 hour site To the Function completely Illing	edical C	29a. Certifier (Check only one)  (Check only one)	hysician: To the best of my miner: On the bests of exam	knowledge,	, deeth occurre	ed et the ti	me, dete end plece	e, end due to the urred et the time	ceuse(s) end m dete and plece,	enner es ste and due to t	eted. the cause(s)				
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			30. Neme end eddress of person who				_					007				
			Haris Aleem, M 31. Dete filed (Month, Day, Yeer)	D 9000 F1		n Squa	re Di	rive Balt	imore,	maryland	1 21	237				
	Sta Registi			7 1007												

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						CE	ertificate (	Dea Dea	ui		Reg. No.			
Physici /Medio		1. Decedent's Nam GEORGE	MORE	2. Date of De Month JULY	Dey	Yeer 7	3. Time of Death 12:52A							
Examin		4e. Fecility Name (		ve street end n	umber)				Town, or 1timo	Location of Deat	h 4c. County	of Death		
Funeral Director		5. Sociel Security N 441-01-8		Sex 1 [3]tM 2 □ F	7. Aga (In yr	rs. last birthday Yrs.	) If Under 1 Y Months Do	aer If Un	dar 24 Hrs	8. Dete of Bir (Month, De Aug. 7	th ey, Year) , 1908	9. Birth	B. Birthplece (State or Foreig Country)  Ark.	
rz nours aner deam with the maryland netużal, or ferms 23a or 28a-f show drea Examiner must be notified st	o	Usual Residence o	10b. County		10c. (	City, Town or L							10d. Inside City Limi	
or 28a-	Director	Md.  10e. Street end Nu	Baltim mber	ore		Balt	imore 10f. Zip Co	de			10g. Citizen of	Whet Cou		
23a wart b		8800 Wal	ther Blv	d. #261	<b>.</b> 5		21	234			USZ	A		
s. an 'natural', or items 23s or 28s-f show Medical Examinat must be notified at	by Funeral	11. Marital Status 1 □ Nevar Marr 3 □ Widowed	ried 2 🔯 Married	Armed F	2 □ No Give	U,S. 13.	Was Decedent If Yes, specify ( 1 ☐ Yes 2 🔀			pecify Yes or No o Ricen, atc.)	Specif	ck, White,	can Indian, etc. ite	
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7 5 5		20a. Method of Dis		☐Removal from	n State	. Place of Disp cemetery, cre	oosiilon (Neme o ematory or other	f plece)	1	Dete	20c. Location	- City or To	own, State	
Department of Important: If Ite any Injury or of once.		21. Signature of Ft			H1.	F		dress of F	unera	/5/97		i, Ma	•	
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has been sign pe 2 should be	Completed b										an autopsy ormed?	av	lere eutopsy finding vallebla prior to empletion of causa death?	
page h	Com									10	Yes 2 No	1[	☐Yes 2元No	
sertific actor	Be	25. Was case refer examiner?	rred to medical	Hospital					lece of De	eth (Check only	one)			
this of	To To	1 ☐ Yes 2 ☑ 27. Manner of Deat		1	Inpatient 2	T			Nursing H	lome 5 Rasi			fy)	
death. Hor: After r the fune	Certification:	1 Neturat 2 Accident 3 Sulcide	5 Pending investigation 6 Could not be	on (Mo	e of Injury onth, Day Year)	28b. Time Injury	М	njury at Work? 1 ∐ Yes 2	2 □ No		how Injury occur		al Poute Alumbar	
al Direction by	Certif	4 Homicide	determined	286. Plec	ce of Injury - At ding, etc. (Spec	cify)	treet, fectory, of	108		City or To	wn, Stete)	var or Mun	al Route Number,	
in 24 hou he Funer pletely fill	edical	29a. Certifier (Check only one)	1 ☐ Certifying Pl 2 ☐ Medicai Exa	miner: On the	e best of my kr basis of examir nner stated.	nowledge, dea neti <i>on</i> end/or li	th occurred at the nvastigation, in r	e time, date ny opinion,	end plece death occu	, and due to the irred at the time,	cause(s) end m dete end placa,	anner es s and due t	steted. to the ceuse(s)	
T S S	W	29b. Signature and	little of cartifiar	out &	4.D.			ensa numb		>	July 1			
1/0,		30. Name and eddr	ess of person who	completed cau	use of death (Its	em 23a) (Type KINS 3	Print) 44 UIE W	MED	ILAL	CENTER	4940 6	FASTE	RN AVE	
Sta Registra	_	31. Date filed (Mon	th, Dey, Year)	I dia Ba	Bidsur: A	registle,			51	ALTIMOR	E, MAR	ILAN	0 21224	

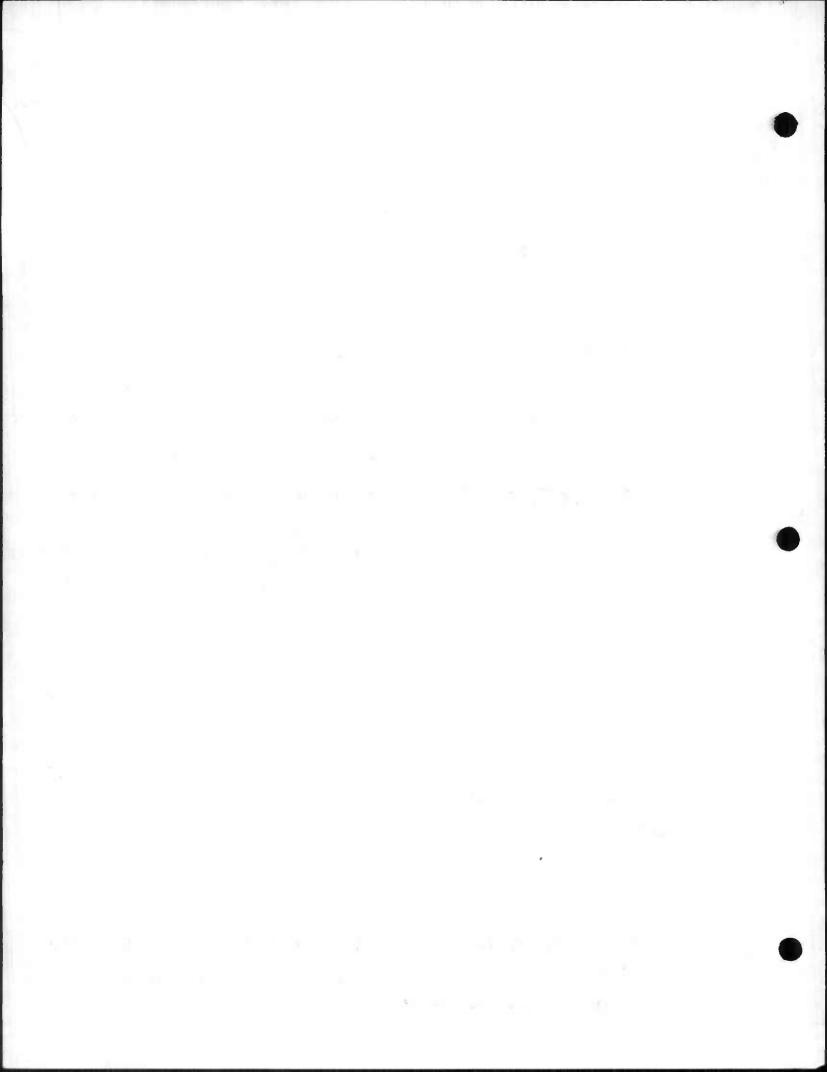


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			1. Decedent's Name (First, Middle, L	ast)	10	A	incati 1	e oi i	Dealli	1	2. Date of Dee Month		Voor	3. Time of Deat	
)	Physici /Media Examir	cal	4a. Facility Name (If not institution, gr	ve street end number)	ND	1+1	07/	7 2	b. City, Tow		JULY ation of Death			6 321	
	Funeral Director			( M (A Y )   0 Sex 7. Ag 1 □ M 2 F	(h V l e (in yrs. last 56	birthdey) Yrs.	If Under Months	1 Year Days	If Under 2 Hours		Date of Birth (Month, Dey 04-18		9. Birthpl	lece (Stete or Fore try) SC	
		or	Usual Residence of Decedent  10a. State  Md  NA		10c. City, T	own or Lo					04-16	10d. Inside City Limits			
with the h	3a or 28a- at be notifi	Funeral Director	10e. Street and Number 2221 East Cha	se Street			10f. Zip	Code 1213	3			10g. Citizen of \	What Coun	try?	
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d within 72			15. Decedent's E (Specify only highest gi Elementary/Secondary (0-12) 10th Grade  17. Father's Name (First, Middle, Les	rade completed) College (1-4or 5 NA		(Give life.	ient's Usua kind of woi DO NOT us Mest	rk done d se retired	turing most			16b. Kind of Br	ous t	trades	
aryle	and Menta Is marked eumatic ev	To Be	Eugene  19a. Informant's Name/Relationship  Linda Colline	(Type, Print)		9b. Mailir			Juli end Number	a or Rural	Route Numbe	H or, City or Town,	Ollit Stete, Zip		
es lan	2 2		20e. Method of Disposition  **Page Parallel 2 Cremation 3 [ 4 Donation 5 Other (Special Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control		Date	20c. Location -	City or To	wn, State							
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BOX 58/50, auth certificete be executed	attending physician and for use as the buriel-transit	In/Medical Examiner	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in deeth) Lest	b. (0) (0)	Due to (or as	a consec	uenca of):	R	y 01	SE	AS 1E			OY EAR	
hat the de	ed by the datached	y Physician/Me	Part li. Other significant conditions	contributing to death bu	ut not resuitin	g in the u	nderlying c	ause giv	en in Part I.					the cause of dea	
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P E	After this funeral di	ation: To	1 Yes 2 No  27. Manner of Death 1 Naturel 5 Pending 2 Accident Investigation	Hospital: 1 Impatie  28a. Date of injur (Month, Des	y 28	Outpatier b. Time of Injury		8c. Injun Wor	4LI NUI	28		lenca 6 Oth		9	
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101	Tot	Σ	29b. Signature and title of cartifler	S. Hola	1 M.C		290	License 2	- 5 Z	47	2_	Duly	O3	) 1997	
	′		30. Name end address of person who		eath (item 23		Print)	11	41	Rai	ien l	Booleva	d		

DHMH 16 Rev 6/95

State Registrar

31. Date filed (Month, Dey, Yeer)
JUL 07 1997



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month ITHER SPOON 1:08 PM ENIFUL JUN 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth JOSEPH RITCHIE HOSPICE BALTIMORE n/a 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. 8. Dete of Birth (North Dey Year) 952 5. Sociel Security Number 9. Birthplece (State or Foreign 1 □ MX 2 □ F Months Deys 44 HARVE DE Yrs. 219-58-0266 Usuel Residence of Decedent GRACE 10a Stete 10b County 10c. City, Town or Location 10d. Inside City Limits 1 Nes 2 No MD na BALTIMORE 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 5213 FRANKFORD AVENUE 21206 UNITED STATES 12. Was Decedent Ever in U,S. Armed Forces? 11. Maritel Status Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Reca - American Indien. Bleck, White, etc. 1 ☐ Yes 2 ☑ No If Yes, Give Year or Dates: XXNever Married 2 Married 1 Yes 2XXio Specify: BLACK Specify: 3 Widowed 4 Divorced 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) yrs. col. ENVIORNMENTAL TECH SOCIAL SECURITY 17. Father's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) JULIUS WITHERSPOON CHRISTINE STUBBS 19a. Informent's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rurel Route Number, City or Town, State, Zip Code) PRESTER C. WITHERSPOON-BRO. 9103 SUNSET RIDGE RD., RANDALLSTOWN 20b. Place of Disposition (Neme of 20a. Method of Disposition 20c. Location - City or Town, Stete cemetery, cremetory or other piece) 1 Quriel 2 Cremetion 3 Removal from State 4 Donetlon 5 Other (Specify) ST. JAMES UNITED CEM. 7-8-97 HARVE DE GRACE, 21. Signeture of Funeral Service Licenses 22. Name end Address of Fecility MD WM. C.MARCHF H.-4300 AVENUE Wane WABASH adu 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Interval Betw Onset and Death Immediete Ceuse (Finel YETTR disease or condition resulting in deeth) Due to (or es e consequence of): Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest Due to (or es e consequence of): Due to (or es e consequence of): Pert II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 00 3 Probably 4 Unknown 24b. Were eutopsy findings evelleble prior to completion of cause of death? 24e. Wes en eutopsy performed? 1 Yes No 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Dother (Specify) HOSPICE 1 Yes No 1 Inpatient 2 ER/Outpetient 3 DOA 27. Manner of Deeth 28e. Dete of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how Injury occurred Naturel 5 Pending investigation 2 Accident 3 Suicide 6 Could not be 28e. Place of Injury - Al home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rurel Route Number, City or Town, State) 4 Homicide

burial-transit be axecuted and physician s the burial P.O. Box 68760, USB 8S signed by Records, peed certificate Division of Vital Attending Physician: this funaral After To the Hospital or Attending within 24 hours after death.
To the Funeral Director: Afte completely filled in by the fun.

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

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Baltimore, Maryland 21215-00;

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**Physician** /Medical

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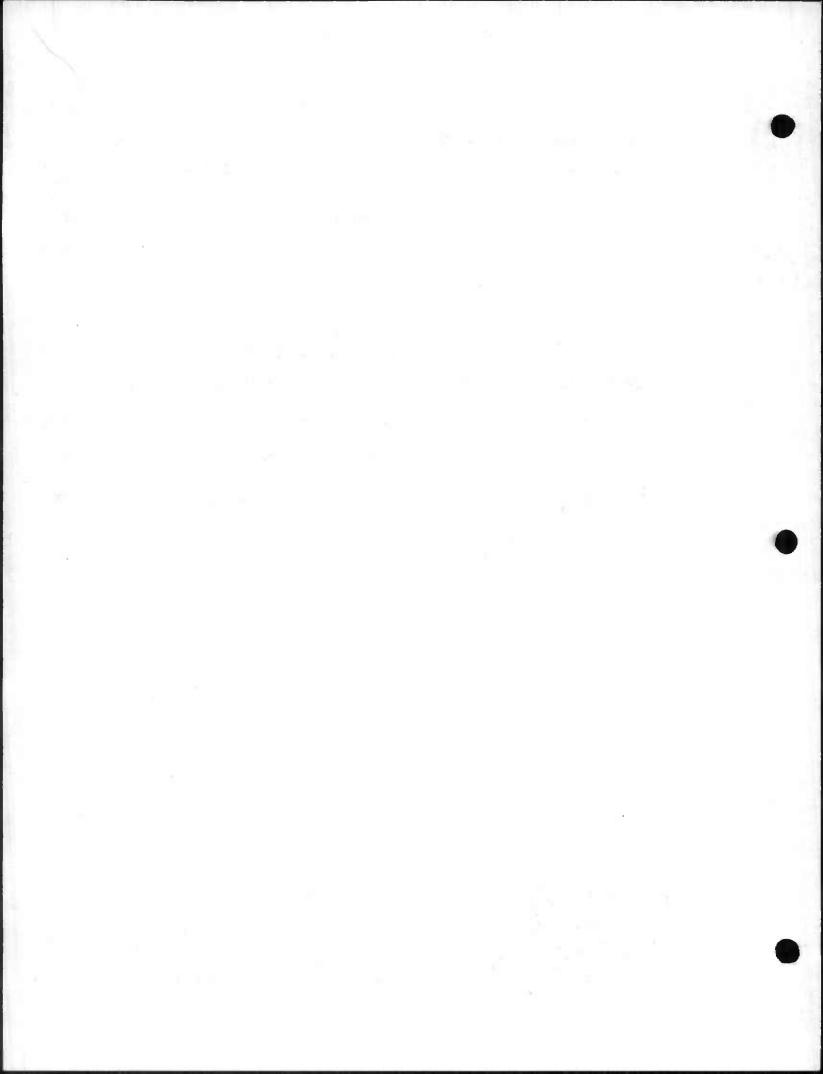
Contifying Physicians To the best of my knowledge, death occurred et the time, date end piece, end due to the cause(s) end menner as steted.

heck only on the basis of excention and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) Signature and title or 29c. License number 29d, Dete slaned (Month, Dev. Yeer)

State

Certifie

Registrar **DHMH 16 Rev 6/95** 



Months

10f. Zip Code

Deys

State of Maryland / Department of Health and Mental Hygiene

Yrs.

Certificate of Death 1. Decedent's Name (First, Middle, Last)

Williams

2. Date of Death 3. Time of Death Month Dey 1997 1745 PM JULY

**Physician** /Medical Examiner

r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at

parmit. Pages 1 and 2 should be lited within Department of Health and Mental Hygiene. Important: If them 27 is merived other than *propriate or other traumetic event, the Med Bridge.

**Physician** 

/Medicai

Examiner

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Division of Vital

the Maryla

Baltimore, Maryland 21215-0020

KERVIR

4a. Facility Name (If not institution, give street end number)
1400BLK. EAST NORTHERN PARKWAY

1, 4b. City, Town, or Location of Death BALTIMORE 4c. County of Deeth

**Funeral** Director

Director

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Completed

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Examiner

Physician/Medical

by

Completed

XXM 2□F 214-38-5981 53 Usual Residence of Decedent 10b. County

Lee

7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. Birthplace (State or Foreign Country) 8. Date of Birth (Month, Day, Year) Hours 03-14-44 VA

10a State

Kervie

MD NA 10c. City, Town or Location Baltimore 10d. inside City Limits 1X Yes 2 No

10e. Street and Number

WILLIAMS

1705 Aberdeen Road Apt. "C"

21234

10g. Citizen of What Country?

1 Never Married 2 Married 3 Widowed 4 Divorced

12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2⁄€ No If Yes, Give Year or Detes:

 Was Decedent of Hispanic Origin? (Specify Yes or No-it Yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Yes 2 No Specify:

14. Race - American Indian, Bleck, White, etc. Specify: Black

IISA

16b. Kind of Business/Industry

15. Decedent's Education (Specify only highest grade completed)

College (1-4or 5+)

16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired)

Manager

K&W Cleaning Ser.

Elementery/Secondary (0-12) 12th Grade 17. Father's Name (First, Middle, Last)

James

Williams

18. Mother's Neme (First, Middle, Malden Surname) Audrey

Basnight

19a. informant's Name/Reletionship (Type, Print)

19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code)

Audrey Parrish 20e. Method of Disposition

20b. Place of Disposition (Name of cemetery, cremetory or other place)

20c. Location - City or Town, State

NGBurial 2 ☐ Cremation 3 ☐ Removal from State

4 ☐ Donation 5 ☐ Other (Specify)

King Mem. Pk. Cem. 07-07-97 Randallstown, Md.

22 Name and Address of Fecility Baltimore, Maryland 21202

21. Signature of Funeral Service Licensee

WM. C. March FH 1101 E. North Avenue 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each are. Approximate tnterval Between Onset and Death

1607 Montpelier Street Baltimore, Md. 21218

immediate Cause (Final disease or condition resulting in death)

Alberosclerohz Cardnoviscular disease

Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In death) Lest

Due to (or es e consequence ot):

Due to (or as e consequence of):

Part ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably Unknown

24b. Were autopsy tindings available prior to 24a. Was an autopsy performed?

1 Yes 2 No

completion of ceuse of death? 1 ☐ Yes 2 No

25. Was cese reterred to medical XIXYes 2□ No

27. Manner of Death

1 Natural

2 Accident

3 Suicide

29a. Certifier

28a. Dete of injury (Month, Day Year) 5 Pending investigation

Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of 28c. injury et Work?

Other: 4 Nursing Home 5 Residence of State (Specify) NST BE 28d. Describe how Injury occurred

26. Place of Death (Check only one)

1 ☐ Yes 2 ☐ No

6 Could not be determined 28e. Placa of Injury - At home, tarm, street, factory, office building, etc. (Specify) 4 Homicide 1 Certifying Phyaician: To the best of my knowledge, death occurred at the time, date and piace, and due to the ceuse(s) and manner es stated.

28f. Location (Street and Number or Rural Route Number, City or Town, Stete)

(Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check only one) (Check one) (Check only one) (Check only one) (Check only one) (Check only 29b. Signature and title of certifier

29c. License number O.C.M.E 29d. Date signed (Month, Dey, Year) JULY 2, 1997

30. Name and address of person who completed cause of deeth (item 23e) (Type, Print)

Dr. David Fowler

111 Penn Street, Baltimore, Maryland 21201

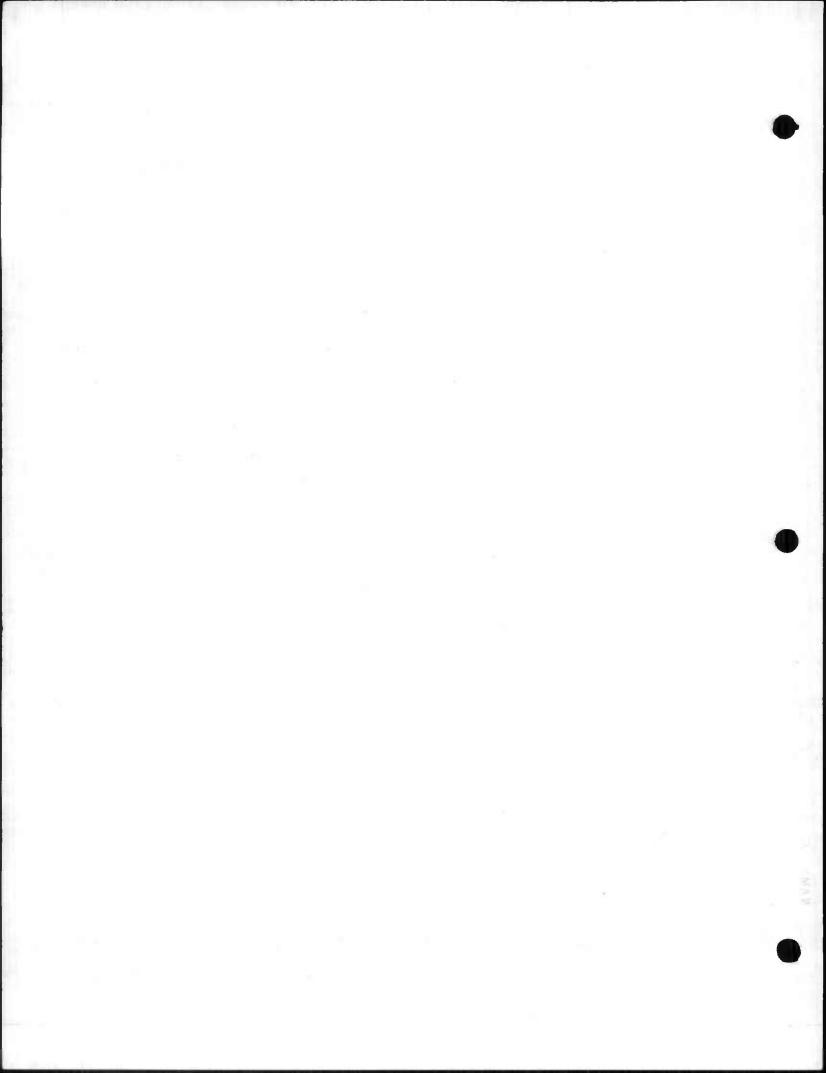
State Registrar Beginnar's Signature

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9.7 201, 15

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artm ortan injur	-	4 Donetion 5 Other (Specify)  Metro Crematory, Inc. 7/4/97  Baltim  21. Signature of Funeral Service-Licenses Communication Society of Maryland,											
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v requires been sign should be									24a. Was	s an autopsy ormed?	availa	autopsy findings ble prior to	
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entifica ector, p		25. Was cese referred to medicel						26. Place of Dee	th (Check only				
Physician: this certific ral director, To Be		examiner?	lospital: Inpatier	nt 2[]	ER/Outpetler	nt 3 DO	A Oth	her		idence 6 Otl	har (Specify)		
or Attending Physician: The inferdeath.  Director: After this certificate he in by the funeral director, page artification: To Be Community.		27. Menner of Death	28a. Date of Injur (Month, Dey	y	28b. Time of		Bc. Inju			how injury occu			
of a Attending P  offer death.  Director: After t  d in by the funera	and	1 Natural 5 ☐ Pending 2 ☐ Accident Invastigation	(MOIRI, Dey	( Jai)	Injury	М		Yes 2 No					
or Attended effer deat Olivector: In by the	CIE	3 ☐ Sulcide 6 ☐ Could not be determined	28e. Place of Inju			eet, factory,	office		28f. Location	(Street and Num.	ber or Rural R	oute Number,	
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Direction by Certification	3	29a. Certifier  (Check only)  12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date and place, and due to the cause(s) and manner es stated.  2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s)											
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Registrar

DHMH 16 Rev 6/95



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 3. Time of Death 2. Dete of Death Month **Physician** 825PM 0 ames White 06 /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth Examiner 4c. County of Death BALlinore Decous Hospita 5. Social Security Number Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 6. Sex 8. Date of Birth (Month, Day, Year) Birthplace (State or Foreign Country) **Funeral** 15M 20 F Days 80 Yrs. 251-24-941 Director Usual Residence of Decedent 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show the Medical Examiner must be notified NA 1 Yes 2 No Director MD RALlimore 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? items 23a 2540 Lanvale Street 21216 USA Funeral 12. Was Decedent Ever in U,S. Armed Forces?

1 ☐ Yes ₹2€ No if Yes, Give Year or Dates: Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Ricen, etc.) 14. Race - American Indian, Black, White, etc. 11. Maritel Status 1 Never Married 2 Merried 21215-0020 Pages 1 and 2 should be filed within 72 hours aft nent of Health and Mental Hygiene.
Int: If item 27 is marked other than "natural", or mry or other traumatic event, the Medical Examp, or other traumatic event, the Medical Examp. 1 ☐ Yes 2 ☑ No Specify: Black by 3 ☐ Widowed 4 ☐ Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) 74 Laborer Cement Mason NA Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Mauzar White De Champs 19a. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zlp Code) Lawrence White 3003 Cakhill Ave Ballimon, MD. 21207 20a. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State Natural 2 ☐ Cremation 3 ☐ Removal from State Department of Important: If any Injury or once. 4 □ Donation 5 □ Other (Specify) Randalk Town, wie King Wem Park 22. Name and Address of Facility Albert P. Wylie 7/H PA 21. Signature of Funeral Service Licenses 638 N. Gilner Street Battimere, InD. 21217 ations that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, one ceuse on each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) Examiner Physician/Medical Examiner Sequentially list conditions, if any, leading to Immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence ot): Box P.O. Pert tl. Other significant conditions contrib 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Records, 24b. Were autopsy findings available prior to completion of cause of deeth? Be Completed 24a. Was an autopsy performed? Counomed 1□ Yes 2 No Division of Vital Hospital or Attanding Physician:
 124 hours efter death.
 Funeral Director; After this certificaletely filled in by the funeral director; 25. Was case reference examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 □ ER/Outpatient 3 □ DCA Certification: To 27. Manper of Death 28a. Date of Injury (Month, Day Yeer) Injury at Work? 1 ☐ Yes 2 ☐ No 28c. Injury at Work? 28d. Describe how Injury occurred 28b. Time of 28e. Place of Injury - At home, tarm, street, factory, office building, etc. (Specify) 1 Natural 5 Pending Investigation 2 Accident Location (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 3 Suicide 4 Homicide 11 Cartifying Physician: To the best of my knowledge, death occurred at the time, dete end plece, end due to the ceuse(s) and manner as stated.
2 Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier Medical To the Hosp within 24 ho To the Fune completely fi (Check only 29b. Signature and 29c. License number D26720 no completed ceuse of death (Item 23a) (Type, Print)

Maryland Ave Baltinire Md 21218

**DHMH 16 Rev 6/95** 

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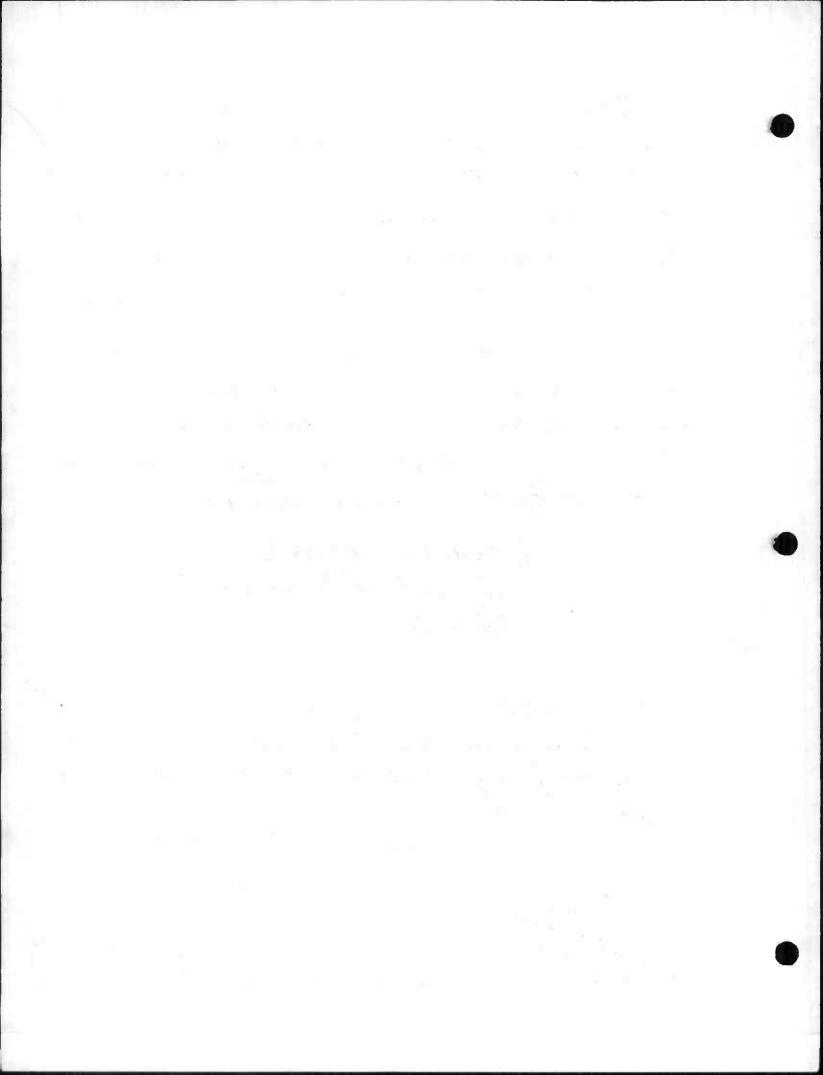
Registrar

31. Dete tiled (Month, Day, Year)

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32. Registrar's Signature

Julia Davidson

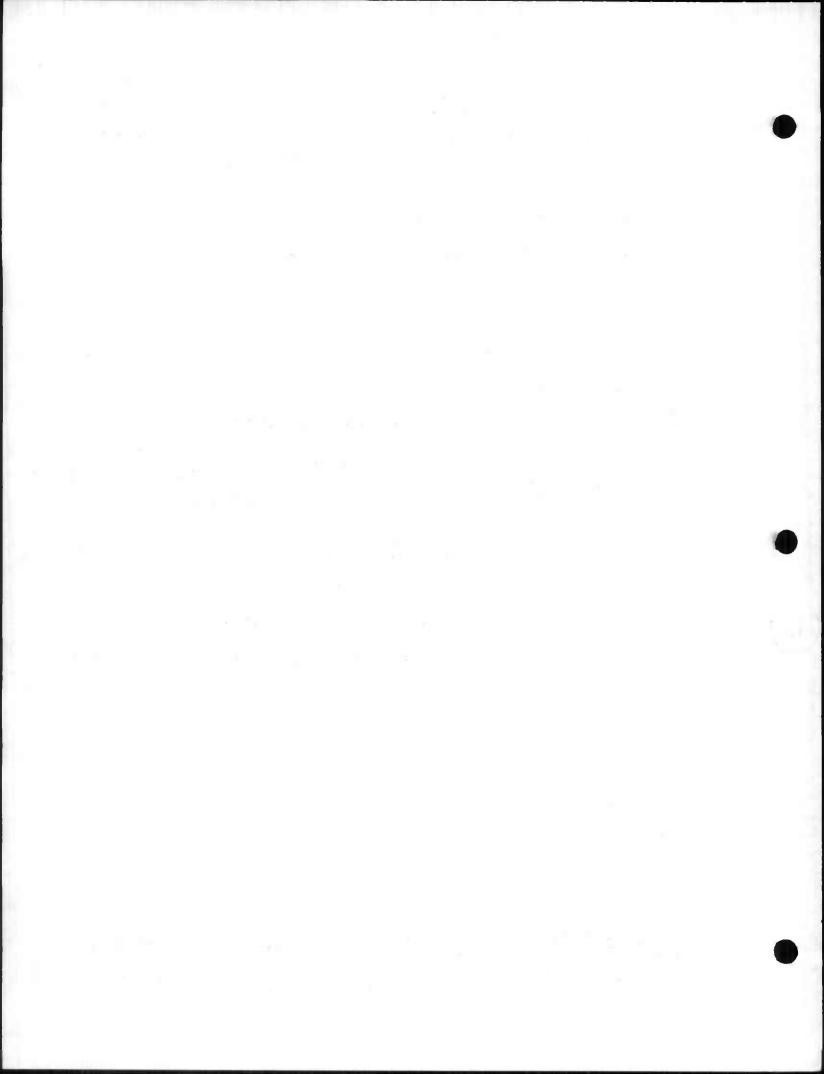


State of Maryland / Department of Health and Mental Hygiene 20417 Certificate of Death 3. Time of Death 1 Decedent's Name (First Middle Last) 2. Date of Death **Physician** love ENCE Jul /Medical 4b. City, Town, or Location of Deeth 4c. County of Death 4e. Facility Neme (If not institution, give street end number) Examiner ALTIMONE waski Street 2 If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year) If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. last birthday) Birthplece (State or Foreign Country) 6. Sex **Funeral** 154M 2□ F Months Days 250-12-9880 Usual Residenca of Decedent Yrs. 5C Director the Maryland 10e. State 10b. County 10c. City. Town or Location 10d. inside City Limits 28a-f show other traumatic event, the Wedical Examiner must be notified at TYPE 2 No NA BALTIMORE MD Director 10f. Zip Code 10e. Street end Number 10g. Citizen of Whet Country? 6 21223 USA items 23a 32 ulaski Funeral 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. Was Decedent Ever In U.S. 14. Race - American Indien, 11. Marital Stetus Armed Forces?

1 2 Yes 2 No If Yes, Give Year or Dates: Bleck, White, etc. permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mertel Hygiene. Important: If Item 27 is marked other than "natural", or Item any InJury or other thatmate event, the Medical Enamine 1 □ Never Married 2 □ Married Specify: Black 1 ☐ Yes 2 ☐ No Specify: Saltimore, Maryland 21215-0020 þ 3 Widowed 4 □ Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education College (1-4or 5+) Elementery/Secondery (0-12) Laborer Tire Service NA 18. Mother's Neme (First, Middle, Meiden Sumeme, 17. Fether's Neme (First, Middle, Last) Be Norman Whitstone 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 19a. Informent's Neme/Relationship (Type, Print) BaN, more, m.D. 2/223 Whelstone-Brother 32 N. Pulaski James 20b. Plece of Disposition (Neme of cometery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stete 15 Burlal 2 □ Cremation 3 □ Removal from Stete 7-8-97 ChesTer, S.C. veen Cemetery Donation 5 Other (Specify) 21. Signature of Funeral Servica Licansee 22. Neme end Address of Fecility Gilmon 638N. 23a. Pert1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest shock, or heart feiture. List only one cause on each line. Physician /Medical Immediete Ceuse (Finel disease or condition resulting in death) Sepsis 3WKS Overwhelmine Examiner Due to (or as a consequence of) Examiner disorder Delzure Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest Due to (or es a consequence of): 4wKS Metabolic Encephalopathi Physician/Medicai 94 Bilateral 4WKS neumonia 990 ğ signed by the a d be detached t 23b. Did tobacco usa contribute to the causa of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. 1 Yes 2 No 3 Probably 4 Unknown þ 24b. Were eutopsy findings evaileble prior to completion of cause of deeth? 24a. Was en autopsy Completed performed? page 2 cartificate has 1 Yes 2 No 1 ☐ Yes 2 No 25. Was case referred to medical examiner?

1 Yes 2 No 26. Plece of Death (Check only one) Be Hospitel: Other: 4 ☐ Nursing Home 5 ☐ Residenca 6 ☐ Other (Specify) 1 Inpatient 2 ER/Outpatlent 3 DOA 를 27. Menne of Death 28d. Describe how Injury occurred Eneuny 28a. Dete of injury (Month, Dev Yeer) 28b. Time of 28c. Injury et Work? Prosplus or Attending P 24 hours after death Funeral Director: After I Certification: 1 Naturet 5 Pending Investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 ☐ Sulcide 6 Could not be determined 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 24 hours a 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end place, and due to the ceuse(s) and menner as steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date end place, end due to the ceuse(s) and manner stated. 29a. Certifie Medical To the Hosp within 24 ho To the Fune completely t (Check only one) 29d. Date signed (Month, Dey, Year) 29c. License number 29b. Signeture end title of certifier D38993 07/03/97 Hending 30. Name and address of part d cause of death (Item 23a) (Type, Print) Hants Baltimore MV 2000 Tewar 31. Date filed (Month, Dey, Year) 32. Registrar's Signeture State JUL 07 1997 Juna Savidson -Randelle Registrar



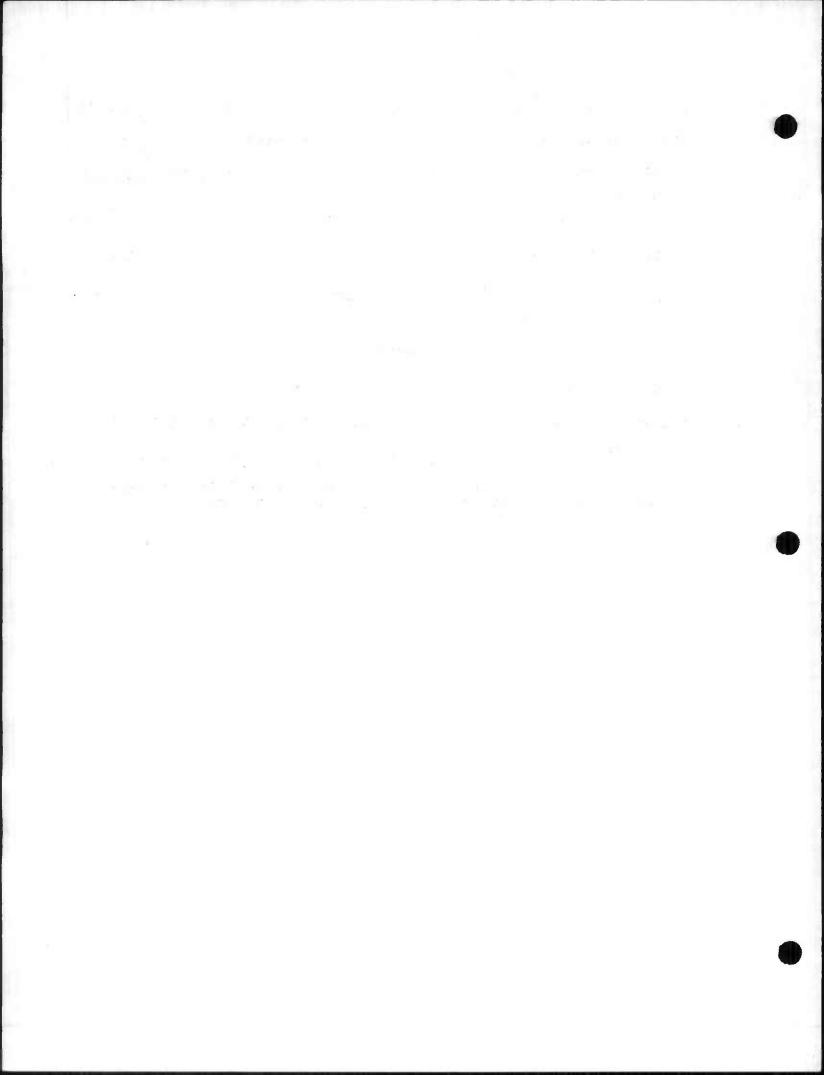
State of Maryland / Department of Health and Mental Hygiene 97 20

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Country **Physician** Month Mary Maglina ETUL 6 /Medical 4a. Facility Neme (If not institution, give street and number) 4b. City, Town, or Location of Deat 4c. County of Deeth Examiner Baltimore Good Samaritan n/a If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year)

Jan - 2 , 1915 5. Social Security Number If Under 1 Year 7. Age (In yrs. lest birthday) Birthplaca (State or Foreign Country) **Funeral** Days 1 M M MEDICE 82 219-10-7200A Yrs. Director VA Usual Residenca of Decedeni the Marylend 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limiis 7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Medical Examinat must be notified at Director Yes 2 No n/a Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 5220 Rd. 21218 York USA deeth Funeral 12. Was Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2€20 o
If Yes, Give
Year or Dates: Was Decedeni of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11. Marijei Stetus permit. Peges 1 and 2 should be filed within 72 hours effer. Department of Heelth and Mental Hygiene. Important: If Item 27 is marked other than "natural", or ther any injury or other traumatic event, the Medical Examinat Black White etc 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2000 **Black** þ Specify: 3€Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Indusiry Elementery/Secondary (0-12) College (1-4or 5+) Homemaker Domestic 12th 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumeme) Be John Henry unk. 19a. informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Arthur Webb/son P.O. Box 114 Ft. Meade, 20b. Placa of Disposition (Name of cemetery, crematory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremeiion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) 7/7 Metro Crematory Catonsville, MD ture of Funeral Service Licenses 22. Name and Address of Fecility James A. Morton & Sons Funeral Home 1701 Laurens St. Balto., 23a Part. Inter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, by heart feiture. List only one cause on each line. **Physician** /Medical immediate Cause (Final disease or condition resulting in death) Examiner Examiner Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Physician/Medical De to (or as e consequence Box 9SI Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. Records, P.O. 23b. Did tobecco use contribute to the cause of death? signed by t 1 Yes 2 No 3 Probably 4 Nnknown by 24b. Were eutopsy findings available prior to completion of cause of deeth? 24a. Was an autopsy performed? Completed peen page 2 certificate 2 100 Division of Vital Hospital or Attending Physician:
 24 hours efter death.
 Funeral Director: After this certifica 25. Was case referred to medical Be 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residenca 6 Other (Specify) 1 Yes 2 No Certification: To 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Date of injury (Month, Dey Yeer) funeral 27. Menner of Death 28d. Describe how injury occurred 28b. Time of 28c. injury at Work? 1 Daturai 2 Accident 5 Pending 1 ☐ Yes 2 ☐ No investigation 6 Could not be determined 3 Sulcide Location (Street and Number or Rural Route Number, City or Town, State) 28e. Placa of injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide **Dertifying Physician: To the best of my knowledge, death occurred at the time, date and piaca, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, dete end piaca, and due to the cause(s) and manner stated. 29a. Certifier Medical (Check only one) within 2 To the 29b. Signeture and title of certified 29c. License number 29d. Dale signed (Month, Day, Year) 30661 Rugueu 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) \$ 1 REFS N. 160 1 BELVEDERE 1 BALT 1 RORE FED TRIPURANENI BALTIKORE AZ RASSING'S SIGNALIA 31. Date filed (Month, Dey, Yea, JUL 0 7 1997 State Registrar

**DHMH 16 Rev 6/95** 



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Death 3 Time of Death Month **Physician** WILLIAM HENRY 03:11 AM WALLACE JULY 3 1997 /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner STAGNES Hospital 5. Social Security Number Birthplace (State or Foreign Country) 1**X** M 2□ F 215 10 6797 Director FEB.1,1901 MARYLAND Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itema 23a or 28a-f shor traumatic event, the Med osi Examinar must be notified at MD. N/A Yes 2 No BALTIMORE Director 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 820 CATON AVENUE 21229 U.S. OF Α. Pagas 1 and 2 should be filed within 72 hours aftar death sent of Haatth and Mental Hygiane.
nt: If Item 27 is marked other than "natural", or Itema 23. Funeral 12. Was Decedent Ever In U,S. Armed Forces? 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 14. Race - American Indian, Black, White, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 3altimore, Maryland 21215-0020 Specify: BLACK þ 3 Widowed 4 Divorced Completed 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry College (1-4or 5+) 1 YEAR Elementary/Secondary (0-12) 12TH RETAIL MANAGER RETAIL STORES 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surneme) WALTER WALLACE CARRIE GIBSON WALLACE 19e. Informent'a Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) ROSE G.B. WARRINGTON(EX WIFE) 3124 FAIRVIEW ROAD BALTO., MD. 21207 other t 20b. Piece of Disposition (Name of cemetery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, State Department of Important: If Ite any injury or o 1 Burial 2 ☐ Cremation 3 ☐ Removal from State Donation 5 Other (Specify) NAT. MEM. PK. 7/8/97 LAUREL, MD. P.G. Co. 21. Signeture of Funeral Service Licensee | LEWIS T. GWYN Neme end Address of Facility LEWIS T. GWYNN FUNERAL HOME 21215-6393 23a. Pert1. Enter the disease, or complications that a used the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause or each line. BALTO., MD. **Physician** /Medical Immediate Cause (Final disease or condition resulting in death) . Bilateral Pulmonary Emboli 14 hours Peripheral Vascular Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in deeth) Lest gud physician at a the burish Physician/Medical Due to (or as e consequence of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert f. 23b. Did tobacco use contributs to the cause of death? 1 Tyes 2 No 3 Probably 4 Nunknown Thoracic Aortic Aneurysm, abdominal Aortic Aneurysm þ Completed 24a. Was en eutopsy performed? 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? Lung Cancer, Hypertension, Coronary Arterial Dispase 1 Yes 2 No 1 ☐ Yes 2 ☐ No 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospital: 1 Inpatient 2 ER/Outpatient 3 DOA Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 28a. Date of Injury (Month, Day Year) 27. Manner of Death 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending investigation 1 Neturel 1 Yes 2 No 2 Accident 6 Could not be determined 3 Sulcide Plece of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, date and plece, end due to the ceuse(s) end menner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner steted. 29e. Certifier Medical To the Hosp within 24-ho To the Fune 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) PO 10874 30. Name and address of person who completed cause of deeth (Item 23e) (Type, Print) ANTHONY B. MICKELSON, STAGNES HOSPITAL GOO CATON AVENUE, BALTIMORE MD 31. Determined (Month, Dey, Year) 32. Registrar's Signature 1111 07 1997 31. Dete filed (Month, Dey, Year) 071997

**DHMH 16 Rev 6/95** 

Registrar

WALLACE, WILLIAM HENRY

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				rtificate					Reg. N		,	
1. Decedent's Name (First, Midd	le, Last)						_	2. Date of D		ю.		3. Time of Deeth
Edward M	iles	ADLA	M					July	5,	ay 1 9	Year 197	10:05pm
4e. Facility Name (If not institution Franklin Square			r				wn, or Lo	ocation of Dea	ath 4		of Death	10.03pm
5. Social Security Number	6. Sex	7. Age (In yrs.	last birthdev)	If Under 1	Year	If Under:	24 Hrs.	8. Date of B	tirth	_	9 Rinth	nlace (State or Forein
215-14-5188 Usual Residence of Decedent	120 M 2□ F	76	Yrs.	Months I	Days	Hours	Min.	Dec.	Dey, Yea	920		place (Stete or Foreig ntry) nada
10e. State 10b. County Maryland	Baltimore		y, Town or Lo	ocation			ł	Edgemer	re			10d. tnside City Limits
10e. Street and Number				10f. Zip C	ode				10g. C	citizen of	What Cou	ntry?
2204 Lincoln	Δυρνιρ						212	19			i Sta	
11. Meritel Status		edent Ever in U.	S. 13 1	Was Deceder	nt of H	lispanic Orig		ecify Yes or N				can Indien,
1 Never Married 2 Man	Armed Fo	rces?		If Yes, specify	/ Cubi	en, Mexican	, Puerto	Rican, etc.)			ck, White,	
3 Widowed 4 Divorced	If Yes, Giv Year or Do	O GHIT	-	1 □ Yes 2√		Specify:			1 255	Specify	Whi	
15. Decaden (Specify only highe	t's Education st grede completed)		(Give	dent's Usuel ( kind of work DO NOT use	done	during most	of work	ing	16b.	Kind of B	usiness/Ir	dustry
Elementary/Secondery (0-12)	College (1 4 Year			teelwor		-/			0	tool	Tud	ustry
17. Father's Name (First, Middle,		۵	31	LEEUWO	LIKE		r's Nam	e (First, Middl				word g
Richard Adlan	ŕ					TO. WIOTHE		ie Mil		or Surrier	10)	
19a. Informant's Name/Reletions			405 14-10		24			al Route Num		-		
Joseph W. AdLo 20a. Method of Disposition  20xBuriel 2 Cremation 4 Donation 5 Other (S 21. Signeture of Funeral Service	3 □Removal from Specify)	Ci Ci	dens c		er plac th Addre UCK	Cem.	ral	Home o	R of Du	lossu undal	ille. 2k, I	own, State , Maryland nc.
23a. Part 1. Enter the share of shock, or hee 1 June 1 111  Immediate Cause (Final disease or condition resulting in death)	only one cause on e	.1 Cell	n. Do not ent	er the mode of	of dyin	ng, such es	cardiac		errest,	212	222	Approximate Intervel Between Onset end Death 2 months
Sequentially list conditions, if any, leading to immediate cause. Enter Underlying	b	Due to (or	r as a consec	quence of):								
Cause (Disease or Injury that initiated events resulting In death) Last	c	Due to (or	es e conseq	uenca of):								
Dort tt. Other elemitteent ennditte		- Ab b A A						001 01				
Part It. Other algniftcant conditto Myocardial In		eath but not resu	ulting in the u	nderlying cau	se giv	en in Pert I.		23b. Die		o uae co 2□ No		o the cause of death bably 4 Unknow
Hypertension									s an aut formed?		9/	ere autopsy findings allable prior to empletion of cause
Hypothyroidis	sm							1□	Yes :	20 No		déeth? □ Yes 2□ No
25. Wes case referred to medica examiner?						26. Plece	of Deat	h (Check only	one)			
1 ☐ Yes 2 No	Hospital:	npatient 2 🗆	ER/Outpatier	nt 3 DOA	Oth	er: 4□ Nu	rsing Ho	me 5 Res	sidenca	6 Oth	er (Speci	(y)
27. Manper of Death  Natural 5 Pendir 2 Accident investi	28e. Dete of (Mont)		28b. Time of Injury	28c	Wor			28d. Describe				
3 Sulcide 6 Could determ	ined 286. Place	of Injury - At ho ng, etc. (Specify	me, farm, str	eet, factory, o	office			28f. Location City or To			ber or Run	el Route Number,

Certifying Physician: To the best of my knowledge, death occurred at the time, dete and placa, and due to the cause(s) and manner es steted.

2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred at the time, date and place, and due to the cause(s) and manner stated.

29c. License number

29d. Date signed (Month, Dey, Year)

Kristin Pena MD

Physician /Medicai **Examiner** Division of Vital Records, P.O. Box

**Physician** 

/Medical

**Examiner** 

**Funeral** Director

permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiena. Important: If Item 27 is marked other than "natural", or Items 23a or 28a-1 show any Injury or other traumatic event, the Westler Examiner must be notified anone.

Baltimore, Maryland 21215-0020

29a. Certifier (Check only one)

Director

Funeral

Completed by

Be

Physician/Medical Examiner Certification: To Be Completed by

To the Hospital or Attending Physician: The law requires that the death within 24 hours after death.

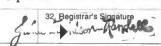
To the Funeral Director: After this certificate has been signed by the attent completely filled in by the funeral director, page 2 should be detached for un

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 9000 Franklin Square Drive Baltimore, Maryland 21230

Medical

31. Date filed (Month, Dey, Yeer) JUL 0 8 1997

29b. Signeture end title of cartifier



M-D.

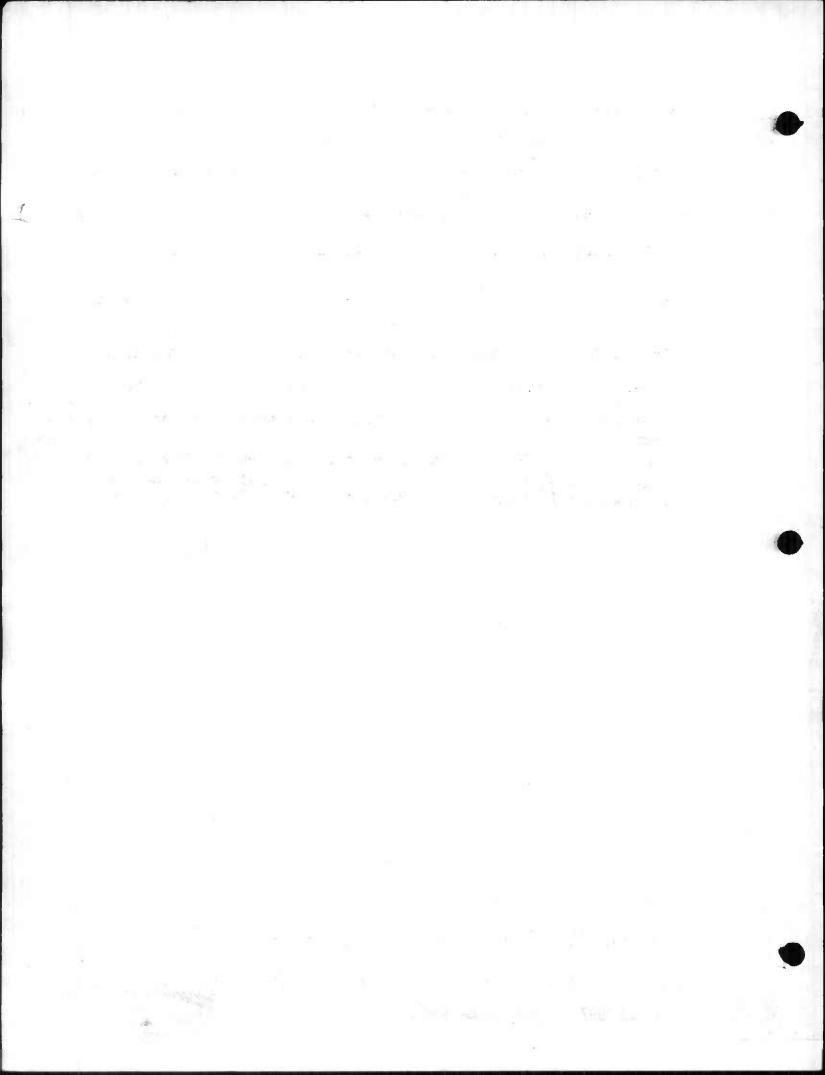
Registrar

**DHMH 16 Rav 6/95** 



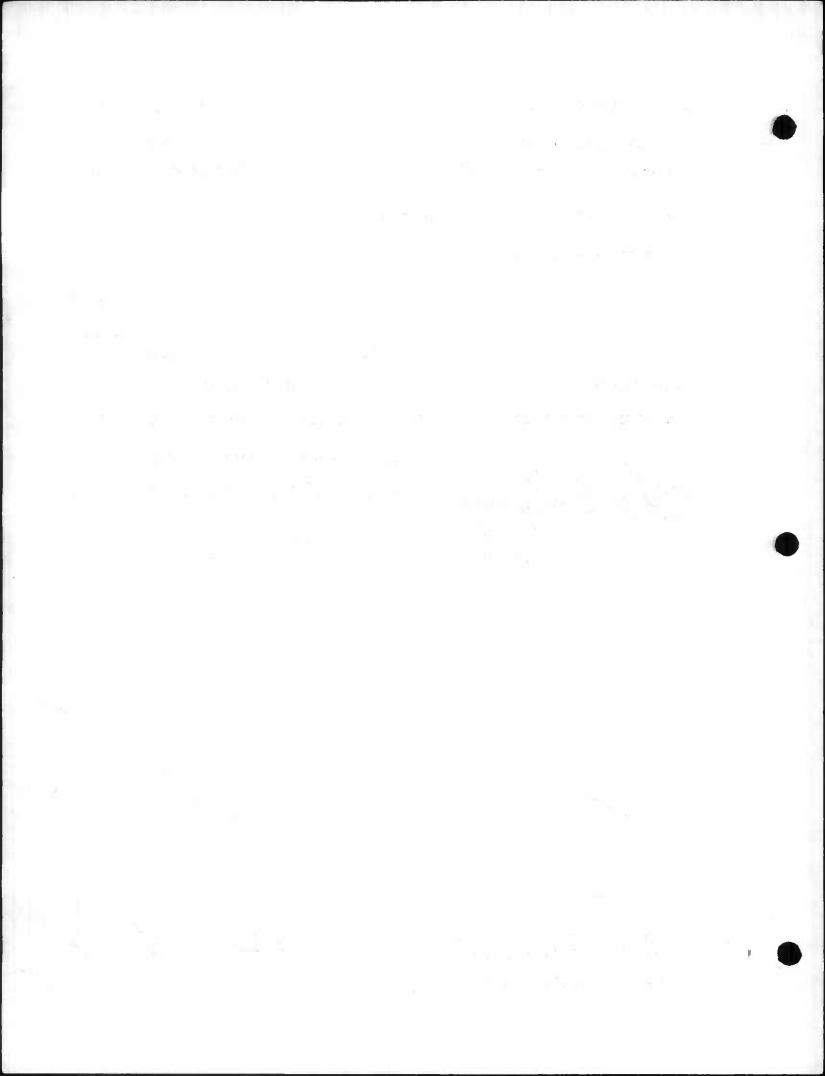
## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					-	ertificate	of Death	F	Reg. No.	20421				
7	Physic /Medi	cal	1. Decedent's Neme (First, Middle, La GLADYS 4e. Fecility Neme (If not Institution, give	T	BRD	WN	4h City Town o	2. Data of Dee Month TULY Location of Death	Day 19	3. Time of Death				
	Exami	ner	CHURCH HO	SPITAL	4	. If I leader 4 N	BALTIMO	RE	NZ	P				
	Funeral Director		5. Social Security Number 6. S  214-12-1096  Usual Residence of Decedent		(In yrs. last birthd 83 Yrs	Months D	ear if Undar 24 Hr ays Hours Mir		7, Yeer) 9.	Birthpleca (Stata or Foreign Country)				
	28a-f ahow	ctor	10e. Stete 10b. County Md . NA		10c. City, Town or Balti					10d. Inside City Limits 1 "Yas 2 □ No				
1	23a or 28	Funeral Director	10e. Street and Number 2521 Quantico	Avenue		10f. Zip Co 21	de 215	1	USA	t Country?				
020	within 7.2 nouts enter death with the maryland ene. Then "netural", or frems 23a or 28a-f show the Med cal Examiner must be notified at	by	11. Maritel Stetus  1 ☐ Never Married 2 ☐ Married  3 ☒ Widowed 4 ☐ Divorced	12. Wes Decedent E- Armed Forces? 1  Yes 2 No If Yes, Giva Yeer or Detes:		3. Was Decedent if Yas, specify 1 ☐ Yes 2 ☑	of Hispanic Orlgin? ( Cuben, Maxican, Pue No Specify:	Specify Yes or No- rto Rican, etc.)	Bleck, \	14. Race - American Indian, Bleck, White, etc. Specify: Black				
1	A	Completed	15. Decedent's E (Specify only highest gra Elementery/Secondery (0-12) 12th Grade	ducation ade completed)  College (1-4or 5+ 1 yr • Col	)	cedent's Usuel O ive kind of work d a. DO NOT use n Dietia	ocupetion one during most of wo atired)	orking	16b. Kind of Busin					
and	a should be med with end Mental Hyglena. Is marked other than raumatic event, the M	To Be (	17. Fether's Name (First, Middla, Last, Luther	Thornton			18. Mother's Na Maggi	me (First, Middle,		arp				
- 3	12 m	-	19e. Informent's Neme/Reletionship ( Beverly Watso	Type, Print)	19b. M		reet end Number or F	Rure / Route Number	r, City or Town, Ste	te, Zip Code) 21215				
more	2		Beverly Watson  2521 Quantico Avenue Baltimore, Maryla  20a. Mathod of Disposition  1  Burial 2 Cremation 3 Removel from Stete  4 Donetion 5 Other (Specify)  20b. Place of Disposition (Neme of cematery, cremetory or other place)  Garrison Forest VA Cem 07-09-97 Owings Maryla											
Balt	Department Department If Important: If any Injury or once.		21. Signature of Funeral Service Licer	Vano		22. Name and A		Baltimo:		yland 21202 Avenue				
"	hysician and strength above the price as the price transit and to the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and the price transit and	In/Medical Examiner	Immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or injury that initiated events resulting in death) Lest	. type T	use to (or es e consultation of the to (or es e consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation of the to (or as a consultation o	sequence of):	ilour. ardiova Ulctus	scular	diseaso	Onset and Death				
D. T. T. T. T. T. T. T. T. T. T. T. T. T.	the	Physician/N	Pert II. Other significant conditions or			underlying cause	a given in Pert I.		oute to the cause of death?					
	signed by	by	Sick Simus	s Syndr	one			1 U Y	es 20/No 3[	Probably 4 Unknown				
The law requires that	도 및	Completed						24e. Wes e perform	med?	4b. Were autopsy findings available prior to completion of causa of deeth?				
ilan:	ls certificate director, pag	Be Co	25. Wes case referred to medical exeminer?				26. Piece of De	1 ☐ Ye		1 ☐ Yes 2 ☑ No				
DIVISION OF VITAL RECORDS,	this eldi	2	1 Yes 2 Ho  27. Menner of Deeth 1 Whaturel 5 Pending 2 Accident investigation	28e. Dete of Injury (Month, Dey	28b. Time	of 28c. I	Other: 4 Nursing I	doma 5 Reside	ence 6 Other (Sow injury occurred	Specify)				
DIVIS	로 등 도	Certification:	3 Suicide 6 Could not be determined	28e. Piece of Injury building, etc.	- At home, ferm, (Specify)	street, fectory, off	ice	28f. Location (St City or Town	reet and Number on, State)	r Rural Route Number,				
Hospi	24 hours a Funeral C etely filled	edical	29e. Certifier (Check only one)  1 Certifying Physical Example (Check only one)	ysician: To the best of a liner: On the basis of e end menner state	camination end/or	eth occurred et fh invastigation, in r	a time, dete end piece ny opinion, death occ	e, end due to the courred et the time, d	euse(s) end manne ete end place, and	r es stated. due to the cause(s)				
100	Tombo	Me	29b. Signeture and fittle of certifier	0 0	MD	29c. Lic	ansa number	0	9d. Data signed (M					
1	1	-	30. Neme and eddress of person who o	completed cause of dee		e, Print)	440%.		Julx- 4-					
_			RIFFAT MAHMU 31. Dete filed (Month, Dey, Year)	D CHU	LRCH	HOSPI	TAL BI	ALTIMORI	E MA	RYLAND				
	Sta Registr		JUL 0.8 1997	32. Registrer's	Lando M	2								



State of Maryland / Department of Health and Mental Hygiene ITEM#4 PER PHYS FLM#G749 7/8/97 J.A. Certificate of Death Reg. No 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time 1 beath Month **Physician** HARRY T.EWIS BATLEY 8:00PM /Medical 4a. Facility Name (If not Institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner BACTIMORE 6300 GREENSPRING AVE. N/A If Under 24 Hrs. 6. Sex 1 M 2 □ F If Under 1 Year 8. Date of Birth (Month, Day Year) 05/22/1916 9. Birthplace (State or Foreign 5. Social Security Number 7. Age (In yrs. lest birthday) **Funeral** Days Months Hours Min 212-26-1788 Yrs Director Usual Residence of Decedent with the Maryland 10a. State 10b. County 10c. City, Town or Location 10d. Inside City Limits rai', or items 23a or 28a-f show Examiner must be notified at MD N/A 1 Yes 2 No BALTIMORE Director 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 6300 GREENSPRING 21209 AVE. U.S.A. filed within 72 hours efter death thygiene. Funerai 12. Was Decedent Ever in U,S. Acped Forces? 1 Å Yes 2 ☐ No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, 11 Maritel Status Bleck White, etc. 1 ☐ Never Married 2 Married Baltimore, Maryland 21215-0020 "natural", or 1 □ Yes 2 No Specify: þ WHITE 3 Widowed 4 Divorced Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working lifa. DO NOT usa ratirad) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry JERRY CHEVROLET than Elamantary/Secondary (0-12) Collage (1-4or 5+) 176 TRUCK DRIVER FREIGHT other 7 is marked other traumatic event, permit. Pages 1 end 2 should be file Department of Health and Menlel Hy Important: If Item 27 is marked other any Injury or other traumatic event once. 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surname) Be DAVE BAILEY ZOIE (UNKNOWN) 10 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Address (Streat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) ELIZABETH BAILEY/WIFE 6300 GREENSPRING AVE. BALTIMORE, MD 21209 20b. Placa of Disposition (Name of cemetary, crematory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State Data 1 ☐ Burial 2 🖒 Cremation 3 ☐ Removal from Stata CHESAPEAKE CREMATORY 4 ☐ Donation 5 ☐ Othar (Spacify) 7/3/97 BELTSVILLE, MD 21. Signature of Funeral Service 22. Name end Address of Fecility
BRADLEY-ASHTON FUNERAL HOME, 2134 WILLOW SPRING RD. DUNDALK, MD 21222 Enter the disease that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Intervel Between Onset and Death heart failura. List only **Physician** Immediate Cause (Final disease or condition resulting in death) cardianicalar disease /Medical **Examiner** Due to (or as a consequence of) Examiner that the deeth certificete be executed attending physician and for use es the burial-trensit Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Causa (Disease or injury that initiated avents Due to (or as a consequenca of): of Vital Records, P.O. Box 68760, Physician/Medical Due to (or es e consequence of) resulting in death) Last signed by the a Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 3 □ Probably 4 □ Onknown 1 ☐ Yes 2 ☐ No þ 24a. Was an autopsy performed? 24b. Ware autopsy findings available prior to Completed completion of cause of death? page 2 s hes No certificate 1 Yes Physician: 25. Was case refarred to medical examiner? 26. Place of Death (Check only ona) Be Hospital: Other: 4 Nursing Home Certification: To 1 Inpatient 58 Residenca 6 □Othar (Specify) 1 Yes 2 ☐ ER/Outpatient 3□ DOA After this Date of Injury (Month, Day Year) 28b. Time of Injury 28d. Describe how Injury occurred 28c. Injury at Work? dup sion 5 Pending investigation atural 1 Yes 2 No 2 Appident 6 Could not be 28f. Location (Street and Number or Rural Route Number, City or Town, State) 3 Suicide Placa of Injury - At homa, farm, straat, factory, office building, etc. (Specify) 4 Homicide Medicai Cortifying Physician: To tha best of my knowledga, daath occurred at tha tima, data and placa, and dua to tha causa(s) and mannar as stated. (Check only one) 2 Medical Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29d. Date signed (Month, Day, Year 29b. Signature and title of certifier n (Itam 23a) (Type, Print) PIRBULLE

State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. Item5 8-13-97 FilmG750 W.H.Per F/H State of Maryland / Department of Health and Mental Hygiene ITEM#5FLM#G750 PER F.H. 8/12/97 J.A. Certificate of Death 1. Decedent's Nama (First, Middle, Last) 2. Date of Death 3. Time of Death Dey **Physician** BEATRICE COLLINS BOWLES 26 1997 June /Medical 7:35 pm 4a. Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Daath 4c. County of Deeth **Examiner** GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMORE If Under 1 Yaar Months Days If Under 24 Hrs. Hours Min. 5 Social Security Number 217-60-1063 7. Age (In yrs. last birthday) **Funeral** 8. Deta of Birth (Month, Day, Year) Birthplace (Steta or Foreign Country) Months 1 M 2 F Director 212-03-6702 D April 21 1905 Virginia Usual Rasidence of Dacedant permit. Pages 1 and 2 should be filed within 72 hours after death with the Maryland Department of Health and Mental Hygiene.
Important: If item 27 is marked other than "natural" ---any injury or other traumatic ava---10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits MD Baltimore Timonium 1 ☐ Yes 2 ☐ No Directo 10e. Straat and Number 10f. Zip Code 10g. Citizen of What Country? 104 Country Lane 21093 Funeral USA 12. Was Decedent Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Spacify Yas or No-lf Yas, specify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - Amarican Indien. 1 Nevar Married 2 Married 1 ☐ Yes 2 ☑ No If Yas, Giva 1 ☐ Yas 2 No Specify: þ Specify: White 3√ Widowed 4 Divorced Year or Datas: Completed 15. Decedant's Education (Specify only highast grade completed) 16a. Decedant's Usual Occupation (Give kind of work done during most of working life. DO NOT usa ratired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Homemaker Own Home 17. Fethar's Nama (First, Middla, Last) 18. Mothar's Neme (First, Middla, Meidan Sumama) Be Alfred Rawlings Collins 2 Suzie Farber 19a. Informant's Neme/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, State, Zip Coda) 104 Country Lane, Timonium, MD 21093.
20b. Placa of Disposition (Nama of Camatary, cramatory or other place)
6/30/97 Barbara B. Crouse, Daughter 20a. Method of Disposition Dete 6/30/97 20c. Location - City or Town, Stete X☐ Burlel 2 ☐ Cremation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify) Dulaney Valley Memorial Gardens Timonium, MD 21. Signature of Fuperel Sarvice Licensee 22. Nema end Address of Fecility Victor Lengrand, Jr. Lemmon Funeral Home victor Lengrand, Jr. 10 W. Padonia Rd., Timonium, MD 21093
23a. Parti. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart fallure. List only one ceuse on each line. Approximata interval Batween Onsat and Death **Physician** /Medical Immediata Causa (Final diseasa or condition rasulting In death) TO THEIVE **Examiner** Examiner attending physician and for use as the bunal-transit The lew requires that the death certificate be executed Sequentially list conditions, if any, laading to immadiate cause. Enter Underlying Cause (Disease or injury that initieted events resulting in death) Lest Due to (or as a consequence of) Box 68760 Physician/Medical Due to (or as a consequence of): Division of Vital Records, P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ been si Completed 24e. Was an autopsy performed? 24b. Were autopsy findings eveilebla prior to completion of cause of death? hes certificate 1 Yas 2 1 No 1 TYAS 2 79 NO or Attanding Physicien: Be 25. Wes casa raferred to medical axaminar? 26. Placa of Death (Check only ona) Other: 4 Nursing Homa 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 inpatiant 2 ER/Outpetlent 3 DOA this funeral c 27. Manner of Death 28a. Data of injury (Month, Day Year) 28b. Time of 28c. Injury at Work? 28d. Dascribe how injury occurred After 5 Panding investigation 1 Netural 1 ☐ Yas 2 ☐ No 2 Accident the 6 Could not be detarmined 3 Sulcide 28a. Place of injury - At homa, farm, streat, factory, offica building, atc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicida

1 Certifying Physician: To the best of my knowledga, death occurred at tha tima, data and placa, and due to the causa(s) and mannar as stated.

2 Medical Examinar: On the bests of axamination and/or investigation, in my opinion, death occurred at tha tima, data and placa, and due to the causa(s) and mannar stated.

29c. Licansa number

29d. Data signed (Month, Day, Yaar)

7/7/97

Baltimore put 21204

Divisio
To the Hospital or Attandi

State Registrar

Medical

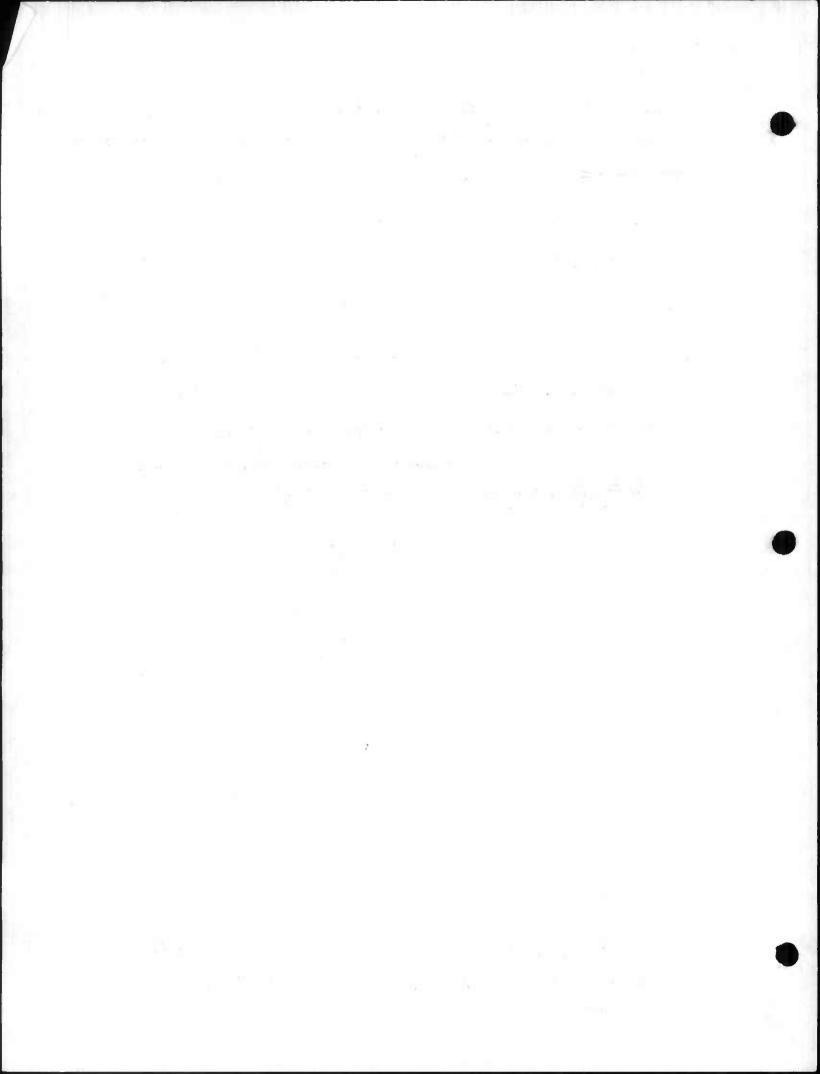
29a, Certifiar

(Check only one)

29b. Signature and titia of certifiar

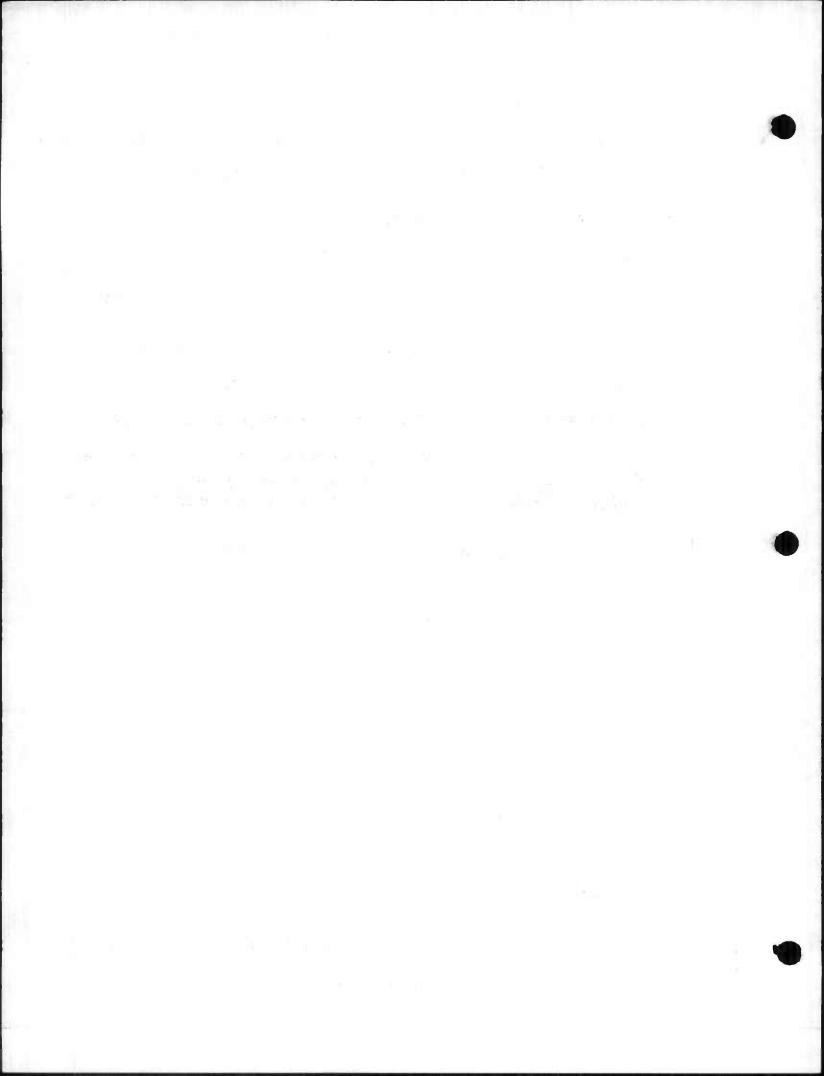
BLA MD 6565N Charles St St. 203

30. Nama and address of person who completed causa of death (item 23e) (Type, Print)



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Physician /Medical		1. Decedent's Neme (First, Midd ROBERT	BOW	YE	e,					2. Dete of D Month	Peath イ/「	Эеу 4 /	97	3. Tima of Death
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Departmen Important: any injury once.	21. Signeture Funeral Service Licensee.  CHESEAPEAKE CREMATORY 7/7/97 BELTSVILLE, MD  22. Name and Address of Facility BRADLEY—ASHTON FUNERAL HOME, INC. 2134 WILLOW SPRING ROAD DUNDALK, MD 21222													
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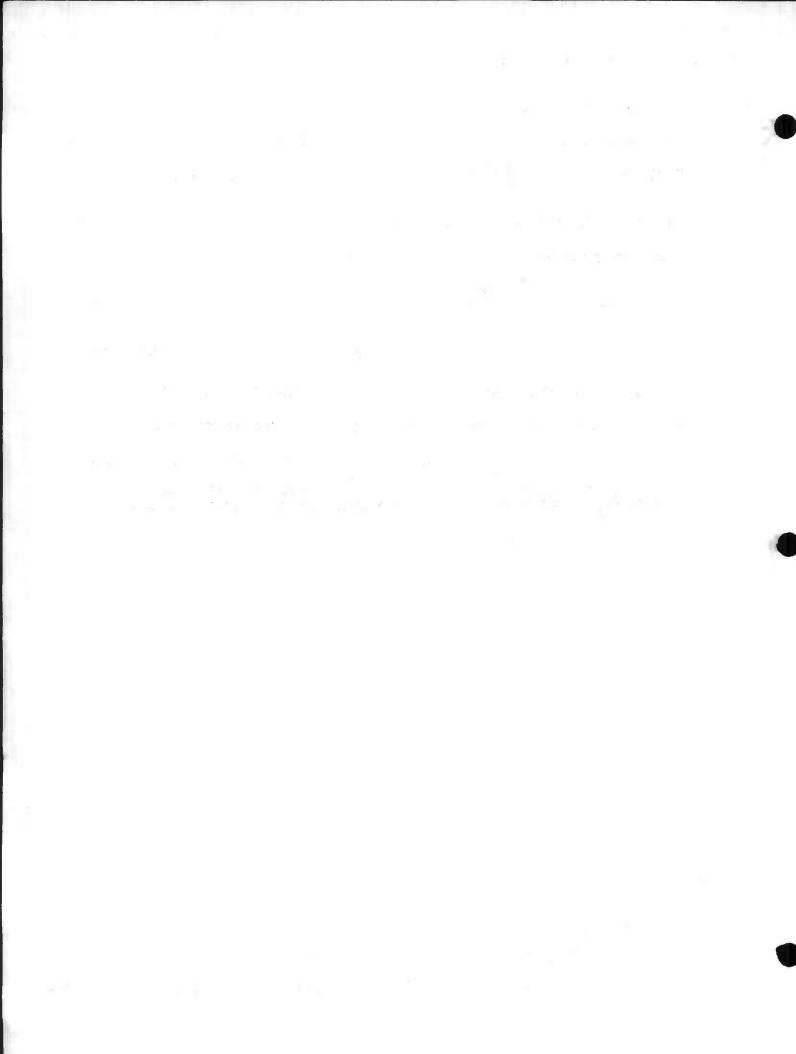
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Please Type or Print In Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Tima of Death Day MARY BROWN June 11:20 PM 30 1997 4a. Facility Nama (If not institution, giva street and numbar) 4b. City, Town, or Location of Daath 4c. County of Death 5900 Baltimarc Yorkwood Rd If Undar 1 Yaar if Undar 24 Hrs. 5. Social Sacurity Number 6. Sax 7. Aga (In yrs. last birthday) 8. Date of Birth Birthplaca (Stata or Foreign Country) 10M 20F Days Months Hours 242.03.3481 Yrs. Usual Residence of Decedant 10a. Stata 10b. County 10c. City, Town or Location 10d. Inside City Limits NIA 1 Yas 2 No MD BALTIMORE 10e. Street and Number 10g. Citizen of What Country? 10f. Zip Coda 21239 5900 YORKWOOD ISA KOAD 12. Was Decedant Evar in U,S. Armed Forcas? 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, spacify Cuban, Maxican, Puarto Rican, atc.) 11. Marital Status 14. Race - Amarican Indian, Black, Whita, atc. 1 Yas 2 No If Yas, Giva Yaar or Datas: 1 Nevar Married 2 Married 1 Yas 2 No Specify 3 ☑ Widowed 4 ☐ Divorced Specify: BLACK 18a. Decedent's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT use retired) 15. Decadant's Education (Specify only highast grada complated) 16b. Kind of Businass/Industry Elemantary/Secondery (0-12) Collega (1-4or 5+) 12 TH IECH 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Name (First, Middle, Maidan Surnama) WILLIAMS JAMES HICKMAN 19a. Informant's Name/Ralationship (Type_Print) 19b. Meiling Addrass (Street and Number or Rural Route Number, City or Town, Steta, Zip Coda) Ko, MARILYN LOAMS DAUGHTER BALTO. YORKWOOD MD 20b. Place of Disposition (Nama of comatary, cramatory or other place) 20a. Mathed of Disposition Date 20c. Location - City or Town, Stata 1 Bunal 2 ☐ Cramation 3 ☐ Ramoval from Stata Wood awn Com 15 97 Balto Count 4 ☐ Donation 5 ☐ Othar (Specify) 21. Signature of Funaral Ferrice Licensaa 22. Nama and Addrass of Facility VAUGHN C. GREENE FUNERAL 23a. Part1. Enter the Use Sa, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart Impro. List only one cause on each line. Approximata Intarval Batween Onsat and Death Immediata Causa (Final disaasa or condition rasulting in daath) 875 y cans Advanced vascular dementia mvitiple, last large Due to (or as a consequence of): one 3 years Multiple cerebrovascular accidents Dua to (or as a consequence of) generalized corebrovancular atheroscierosis Dua to (or as a consequence of): 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24a. Was an autopsy performed? 24b. Wara autopsy findings available prior to completion of cause of death? 1 Yas 2 No 1 ☐ Yas 2 ☐ No

**Physician** /Medical **Examiner** 

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signed by the a

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Completed

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Certification:

Medical

the death certificate be

**Physician** 

/Medical

**Examiner** 

Director

Funeral

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**Funeral** 

Director

7 is marked other than "natural", or items 23a or 28a-f ahow traumatic event, the Medical Examiner name be notified at

permit. Pages 1 and 2 should be filed within 72 hours after to Department of Health and Mentat Hygiena. Important: If them 27 is marked other than "natural", or the any injury or other traumatic event, the Medical Examinations.

Baltimore, Maryland 21215-0020

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with

death

Examiner Sequantially list conditions, if any, laading to immediata ceuse. Entar Undartying Causa (Disaase or Injury that initiated evants rasulting in death) Last Physician/Medical

29b. Signatura and titla of certifiar

31. Data filed (Month, Day, Year)

Part II. Other atgnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 25. Was cesa rafarred to medical axaminar? 26. Place of Deeth (Check only ona) Hospital: Other: 4 ☐ Nursing Homa 5 🗖 Rasidance 6 ☐ Othar (Specify) 1 Yas 2 No 1 ☐ Inpatient 2 ☐ ER/Outpatiant 3 ☐ DOA 27. Mannar of Death 28a. Data of Injury (Month, Day Year) 28b. Tima of 28c. Injury at Work? 28d. Dascribe how injury occurred 5 Pending Invastigetion 1 Netural 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be determined 3 Suicida 28f. Location (Street and Number or Rural Routa Number, City or Town, Stete) 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Specify) 4 Homicide 29a. Certifier 150 Certifying Phyalcian: To tha best of my knowledge, deeth occurred at tha tima, data and place, and dua to tha causa(s) and mennar as stated. (Check only one)

Division of Vital Records, P.O. Box 68760, should should has or attending Physicians age: death. mis Attar sotor: 8 8

> State Registrar

2 Medical Examiner: On the basis of examinetion and/or invastigation, in my opinion, deeth occurred at the time, data and place, and due to the cause(s) and manner stated. 29c. Licansa number 29d. Data signed (Month, Day, Year) 97

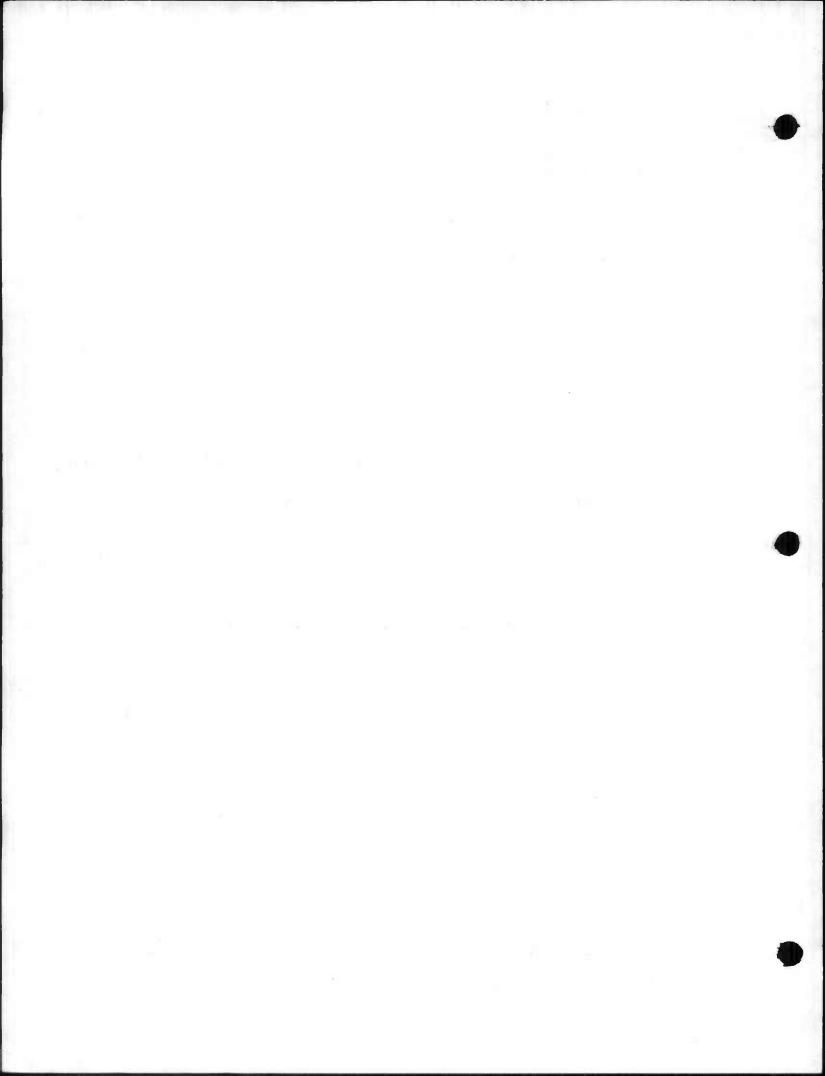
Carlo war posertial D31025 30. Nama and address of parson who completed causa of daath (itam 23a) (Type, Print)

Carla Wolf Cosenthal, MD, 3333 N. Calvert St, #325, Baltimore MD

31. Data filed (Month, Day, Year)

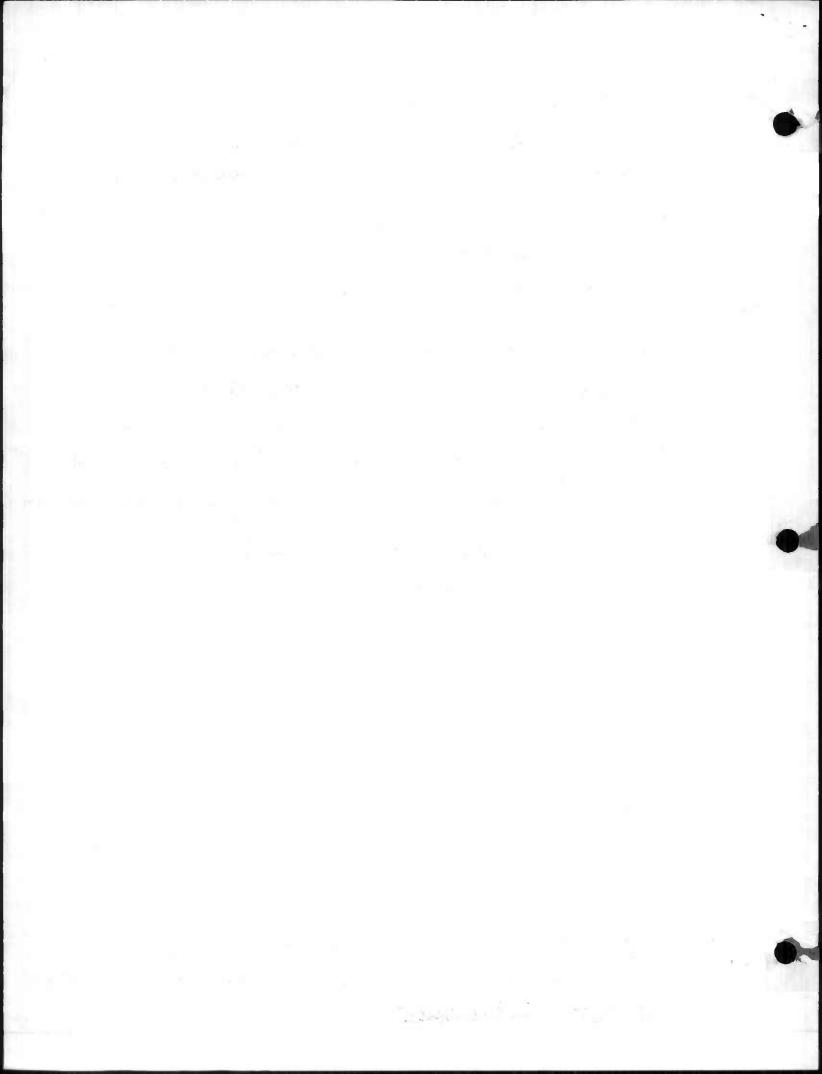
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### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 9.7 20127

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and same		19a. Informant'a Name/Ralationship	(Type, Print)		19b. Mailing Add	ass (Stree	at and Number or F		er, City or Town	, Stata, Zip Code	a)				
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Registr	200	1111 11 8 1007	10 8												



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 10 Am **Physician** Month MELVIN COSBY 1997 JULY /Medicai 4e. Fecility Name (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** SE coups HOSPITAL BALTIMORE 10 5. Social Security Number If Under 1 Year If Under 24 Hrs. 6 Sex 7. Age (In yrs. lest birthday) Birthplece (Stete or Foreign Country) **Funeral** Months 1 M 2□ F 213-64-5101 40 Yrs. Director AUG. 26, 1956 CLEVELAND, OH Usuel Residence of Decedent the Marylend 10a Stete 10b County 10c. City. Town or Location ism 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Expressor man be notified at 10d. inside City Limits BALTIMORE CO. Director MD n/a MYes 2 □ No 10e, Street and Number 10f. Zip Code 10g. Citizen of Whet Country? With 6 D DEER LODGE COURT 21117 UNITED STATES Funeral death 11 Maritel Status 12. Was Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Bleck, White, etc. 1 ☐ Yes XXNo If Yes, Give Yeer or Detes: 1 Never Merried 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☑ No Specify: by Specify: 3 ☐ Widowed 4 ☐ Divorced BLACK Completed 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Pages 1 and 2 should be filed within nent of Health and Mentel Hygiene. nt: If item 27 is merked other than ' Elementery/Secondery (0-12) College (1-4or 5+) 11 th machine SPICE CO. operator 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumame) Be MELVIN Κ. COSBY SR. DORIS BOWIE 19e. Informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) permit. Pages 1 and 2: Depertment of Health ar Important: If Itam 27 is any injury or other traces. PATRICIA COSBY- WIFE 6 D DEER LODGE CT., BALTIMORE, MD 21117 20c. Location - City or Town, Stete 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20e. Method of Disposition XX Burial 2 Cremetion 3 Removel from State 7-11-97 4 ☐ Donetion 5 ☐ Other (Specify) KING MEMORIAL PARK RANDALLSTOWN, MD 21. Signeture of Funerel Service Licensee 22. Neme end Address of Fecility lad W 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respirefory errest, shock, or heart failure. List only one cause on each line. AVENUE WABASH **Physician** /Medicai Immediete Ceuse (Finel anoxic encephalopathy diseese or condition resulting In deeth) Examiner Examiner Cardiorespiratory burial-transit Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury and certificate be execu P.O. Box 68760. attending physicien for use es the buria Bacterial and Physician/Medical thet Initieted events resulting In deeth) Lest acquired immune deficience Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco usa contribute to the cause of death? signed by the 1 Yas 2 No 3 Probably 4 Unknown by 24b. Were eutopsy findings evelleble prior to completion of cause of deeth? Completed 24e. Wes en eutopsy performed? rome reval failure peeu 2 No 1 ☐ Yes 2 ☐ No Division of Vital 25. Wes case referred to Be 28. Plece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 8 Other (Specify) Hospitel: 1 Yes 2 No 0 1. ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA After this funeral 27. Menner of Deeth 28e. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred Certification: 5 Pending Investigation 1. Waturel death. 1 Yes al or Attand safter death Director: / 2 Accident 6 Could not be determined 3 Suicide 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, Stete) 2 4 THomicide within 24 hours of To the Funeral Di completely filled is edical 29a. Certifier 12 Certifying Physician: To the best of my knowledge, deeth occurred et the time, dete end plece, end due to the ceuse(s) end menner es steted.
2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, deeth occurred et the time, date end place, end due to the ceuse(s) end manner steted. (Check only one) 29b. Signature and title of certifier 29d. Dete signed (Month, Day, Year) 29c. License number

4660 Wilkens Ave#203 Bulto md 21229

State Registrar

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31. Dete filed (M

30. Name end eddress of person two completed cause of deeth (Item 23e) (Type, Print) 'ebremariam

22. Registrar's Significate Handre

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Data of Death Month 6 3. Time of Death **Physician** )anet Carter /Medical 4a. Facility Name (If not institution, give streat and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner University of Maryland Medical System Baltimore Baltimore If Under 1 Year If Under 24 Hrs.
Months Days Hours Min. 5. Social Sacurity Number 6. Sex 7. Aga (In yrs. last birthday) 9. Birthplace (Stata or Foreign County)
MARYLAND **Funeral** 1□M 28 F 212-56-7617 45 Director Usual Residence of Decedent the Marviand 10a. State MARYLAND 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f ahow traumatic event, the Medical Examiner right be notified at Director 1€ Yes 2 No BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 6 3708 COLUMBUS DRIVE 21215 Herns 23a USA Funeral 12. Was Decedent Ever in U,S. Armed Forces? 11. Marital Status Was Decedent of Hispanic Orlgin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black. White, atc Pages 1 end 2 should be filed within 72 hours efter or nent of Heelth and Mental Hygiene. nt: If Item 27 is marked other than "natural", or Ite 1 ☐ Never Married 2 📆 Married 1 ☐ Yes 2 ☑ No If Yes, Give Yaar or Dates: Baltimore, Maryland 21215-0020 1 Yes 2 No Specify: by 3 ☐ Widowed 4 ☐ Divorced Specify: BLACK Completed 15. Decedent's Education (Specify only highest grade completed) 16a. Decedent's Usual Occupation (Giva kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementery/Secondery (0-12) College (1-4or 5+) DOMESTIC 11th GRADE FAMILY 17. Fathar's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) JAMES HUGO CARTER LOLA MAY CARTER 19a. Informant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2 s
Department of Heelth or
Important: if item 27 is
any injury or other trau LOLA MAY CARTER / 514 NORMANDY AVE. BALTIMORE, MARYLAND 21216 MOTHER 20b. Place of Disposition (Name of 20c. Location - City or Town, State 1 ₩ Burial 2 Cremation 3 Removal from Stata KING MEMORIAL PARK 7/5/97 RANDALLSTOWN, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signatura of Juneral & 22. Name and Addrass of Facility UNITY FUNERAL HOME 108 W. NORTH AV., 21201 Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between Onset and Death **Physician** /Medical immediate Cause (Final Zdays ungemia disaase or condition resulting in death) Examiner Due to (or as a consequance of): Physician/Medical Examiner indocarditis Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or as a consequence of) Division of Vital Records, P.O. Box 6876 Dua to (or as a consequence of): or Attending Physician: The law requires that the death Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Ves 2 No 3 Probably 4 Unknown renal disease ate has been signed pege 2 should be de ρ Completed 24b. Were autopsy findings available prior to complation of causa of death? 24a. Was an autopsy performed? certificate 1 Yes 2 No 1 Tyes 2 No funeral director. 25. Wes case referred to medical examiner? Be 28. Plece of Death (Check only one) Hospital: Other: 4 Nursing Homa 5 Rasidence 8 Other (Specify) Certification: To 1 Yas 2 No 1 ☑ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA this 27. Manner of Death 28e. Date of Injury (Month, Day Year) 28b. Time of Injury 28d. Describe how Injury occurred 28c. Injury at Work? After 5 Pending investigation 1 Natural To the Hospital or Attendit within 24 hours after deeth. To the Funeral Director: Al 1 Tas 2 No 2 Accident 6 Could not be determined 3 Sulcide 281. Location (Street and Number or Rurel Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) in by 4 Homicide pelli 29a. Certifier (Check only one) Cartifying Physician: To the best of my knowledge, death occurred et the time, date and place, and due to the cause(s) and menner as stated.

| Medical Examinar: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) and manner stated. Medical 29b. Signature shill title of certify 29d. Data signed (Month, Day, Year) 30. Name and address of person who completed cause of death (Item 23a) (Type, Print)
Robert Ross, 22 S. Greene St, Baltin Baltimore, MD 21201 ha Day doon Wonty one 31. Date filed (Month, Day, Year) State 0 8 1997 Registrar

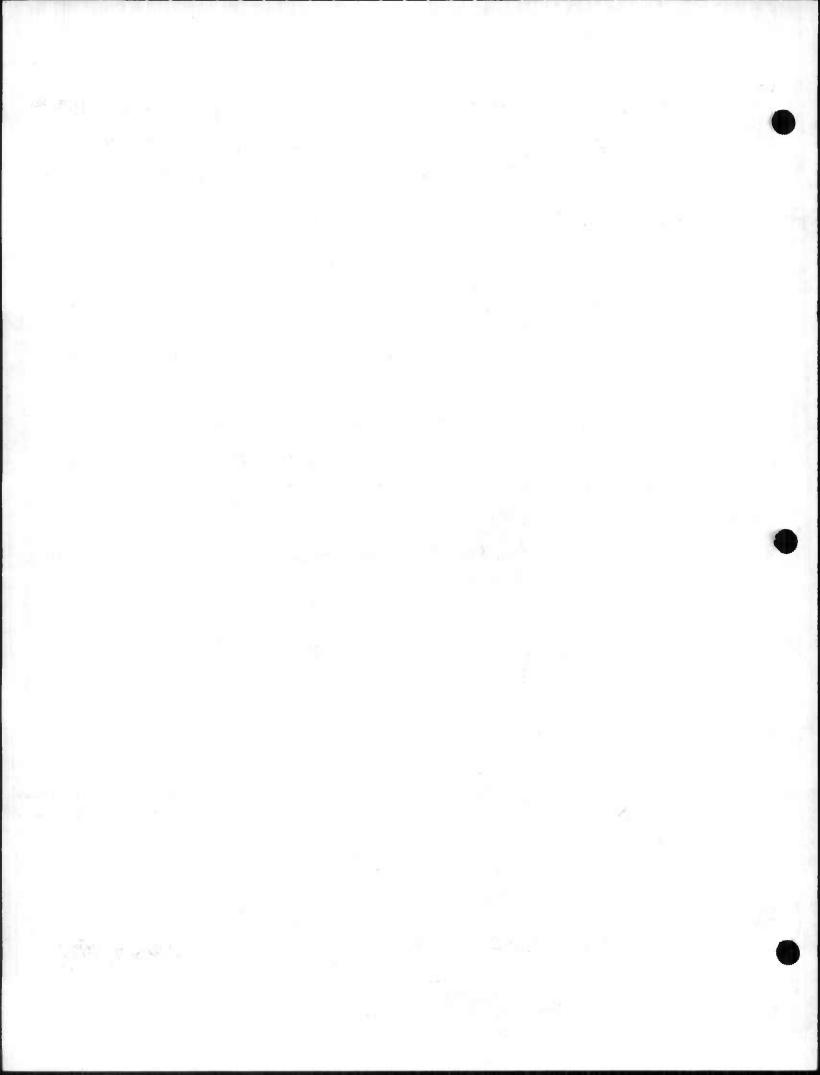
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Funeral Director		5. Sociel Security Number 220 ← 68 ← 0574		7. Age (In yrs. 40	last birthday) Yrs.	If Under 1 Yea Months Dey	r If Under 24 H	Irs. 8 Date of B		N/A 9. Birthe Cour Mart	piace (State or Foreig ntry) LYLand	
f show	or	Usuel Residence of Decedent  10a. State 10b. Count  Maryland	y Baltimore	10c. Ci	ty, Town or Lo	ocation		Dund	alk	1	10d. Inside City Limits	
3a or 28a at be notif	I Director	10e. Street end Number 6715 Woodley	Road			10f. Zip Code		1222	10g. Citizen of	What Cour		
*natural", or items 23a or 28a-f show spicel Evaining must be notified at	by Funeral	11. Marital Status  1 Never Married 2 Me  3 Widowed 4 Divorce	12. Was Dece Armed For 1 ☐ Yes	rces? 2 💟 No e		Was Decedent of If Yes, specify Cu 1 ☐ Yes 200 No	Hispenic Orlgin? ban, Mexican, Pu o Specify:	(Specify Yes or Nerto Rican, etc.)	14. Rac Bla Specif	Raca - American Indian, Black, White, etc.		
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투론증	-	4 □ Donation 5 □ Other (3		Sac			1 Cem. 7/				Maryland	
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within 24 hours at To the Funeral D completely filled i	edicai	29a. Certifier 1 Certifyi (Check only one) 2 Medical	ng Physician: To the Examiner: On the ba and mann	sis of examina	wiedge, deeth ition end/or in	n occurred at the vestigation, in my	time, dete and pla opinion, death oc	ace, and due to the courred at the time	e cause(s) and m e, date and place,	anner as s and due to	itated. o the cause(s)	
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	te	30. Name and address of person  THEV DUNE  31. Date filed (Month, Day, Year  1111 0 8 1997	M.KIL	of deeth ()) or 1	n 23a) (Type, 11 PENI	Print) N STREET	,BALTIMO	RE, MARY	TLAND 212	201		

State of Maryland / Department of Health and Mental Hygiene 97

97 20431

				$C\epsilon$	ertificate of	f Death	R	eg. No.	
Physi	ian	1. Decedent's Neme (First, Middle,	Last)				2. Dete of Dee Month	th	3. Time of Death
Physic /Med		DORIS	COATES				JULY .	3 199	7 11:30 PM
Exam		4a. Facility Nema (If not institution,	give straet end number)			4b. City, Town, o	r Location of Deeth	4c. County of	Death
		MERCY 17	tospital			1526	to	NI	17
Funera Directo		5. Social Security Number 212-44-8429 Usual Residence of Decedent	6. Sex 7. Age (II	n yrs. lest birthday 53 Yrs.	Months Dey			Year) 9	Birthplece (State or Foreign Country) MAY/LANA
Maryland	tor	10e. Steta 10b. County  M	13	BALI	ocation Limor	-e			10d. Inside City Limits 1 ☐ Yas 2 ☐ No
th with the 23s or 28	al Director	10e. Street end Number 49.38 LING	15AV R	Pel.	10f. Zip Code	29	1	Og. Citizan of Who	et Country?
ore, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours after death with the Maryland if Health and Mental Hygiene. Item 27 is marked other than "natural; or items 23s or 28s-f show other traumatic event, the Meutal Examiner man be notified at	by Funeral	11. Meritel Status  1 Navar Married 2 Married 3 Widowed 4 Worced	12. Was Decedent Eve Afned Forces? d 1  Yes 2 Who If Yes, Give Yaar or Dates:	r in U,S. 13.	Was Decedent of If Yes, specify Cu 1 ☐ Yes 2 ☐ No		Spacify Yas or No- rto Rican, atc.)		American Indien, White, etc. BLACK
215-0020 thin 72 hours af e. an "neturel", or Weulcal Exem	Completed	15. Decedent's (Specify only highest	grada completed)	(Give	edent's Usuel Occu e kind of work done DO NOT use retir	e during most of w	orking	16b. Kind of Busin	ness/Industry
d 2121 filed within Hygiene. ther than "	E O	Elementery/Secondary (0-12)	College (1-4or 5+)		ome M.			Don	Estic
Maryland 2 d 2 should be filed th and Mantal Hygi 7 is marked other traumatic event, II	Be	17. Fathar's Name (First, Middla, La	ist)	-17			eme (First, Middle, I		
ylan could be Marked o	To	Robert C. L	NINN			F.LE.	NOR -		
and lis me	ľ	19a. Informent's Name/Relationship	p (Type, Print)	19b. Mail	ing Address (Stree	0	Rural Route Number	, City or Town, Ste	ate, Zip Code)
1 and 1 haalth Haalth ther tr		CLAYdelle HIM	VES-Daugh	ter 351	7 FAIRI	(IBW AV.	e. Bry	o. md. &	21216
		20e. Method of Disposition 1 ☑ Buriel 2 ☐ Cremetion 3		20b. Pleca of Disp cemetery, cre	osition (Neme of metory or other pl	ece)	Dete	20c. Location - Cit	y or Town, State
Pa Pa		4 □ Donation 5 □ Other (Spe	cify)	woodl,	2WNCE	motery	7/9/97	BAL	to, nd,
Baltimo permit. Page Department of Important: If any injury or		21. Signature of Funeral Service Lic	censee	2	2. Name end Add	ress of Eacility	2011		
n 89558		( ) ell ( Sell	les					21. 14	mot Service
-5 7		23a. Parti. Enter the chaase, or co	omplications that caused the	death. Do not en	tar tha mode of dy	ring, such es cardi	ec or respiretory erro	est,	Approximete Intervel Between
Physician									Onsat and Death
/ /Medical Examiner	Н	Immediata Cause (Finel disaese or condition	netas	tatical	ung co	mces/			Ilm ama
CAMITITIES		resulting in deeth)		to (or es a conse					1011
p ±	ine		- h						
BOX 68/6U, aath cartificate be executed attanding physician and for use as the burial-transit	i Examiner	Sequentielly list conditions, if any, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury	Due	to (or es e conse	quence of):				
68/6U, ificate be ex physician as the buria	edical	thet initieted events resulting In deeth) Lest	C. Due	to (or es e conse	quence of):				
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De de	Physician	Pert II. Other significant conditions	a contributing to death but no	ot resulting In the u	inderlying cause g	iven in Part I.	23b. Did to	bacco use contri	bute to the cause of death?
res that the de							1 □ Y	s 2 No 3	Probably 4 Unknown
requir	Completed by						24e. Wes e		4b. Were eutopsy findings eveilable prior to completion of causa
Tha law ata has	d L						-	~	of deeth?
Vital Thiston The certificate	ပိ	25. Was case referred to medical					1 □ Y€		1 ☐ Yes 2 ☐ No
	0	exeminer?	Hospitel:	0 □ ED/O - t t -		Mr. mm	eath (Check only on		MARIS AT MERC
Attending Phyric death.  ector: Atter this by the funeral d	<b>-</b>	27. Menner of Deeth  1 Neture! 5 Pending 2 Accidant Investiget	1 ☐ Inpatiant  28e. Dete of Injury (Month, Day Ye.	2 ER/Outpatie  28b. Time of Injury	of 28c. Inju	4 LI Nursing		w Injury occurred	Specify) HOSPICE
LIVISION  or Attending after death.  Director: After d in by the fune	Certification:	3 Suicide 6 Could not determine	be on Pi	At home, ferm, st pecify)	reet, fectory, office		28f. Location (St. City or Town		or Rural Route Number,
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	Me	29b. Signeture and title of certifier			29c. Licen	se number	25	d. Dete signed (A	fonth, Dey, Year)
7.90		1 37. 00	ano mo			240481			11 1000
1		30. Neme end eddress of person wh		(Item 23e) (Turn-	Print)	con Ro	PAID 10-	July	7,197/
		FERNANDO			3	1270. N	PAIR RD 10 2120	6	/
St	te		32. Registrar's	Signetura					
Regist	ar	31. Dete filed (Month, Day, Yeer)	997 Auha	Signetura Davidson-A	indelle				



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 3. Time of Death

Physicia	n	1. Decedent's Nama (First, Middla,	Last)							Data of Daa Month	th Day	Yaar	3. Tima of Daath	
/Medica		Edward	L.	Chri	stie					uly	3, 19	197	9:35 PM	
Examine	er	4a. Facility Nama (If not institution,		ber)				4b. City, Town,			4c. Count	y of Daath		
	ц	4125 Mary Avenu			. last birthday)	If Undar 1	Vac	Baltin			N/A			
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land w		10a. Stata 10b. County		10c. Cl	lty, Town or Lo	cation						1	0d. Insida City Limits	
Mary Feet	ō	Maryland N/A			Balt	imore	C	ity				1 X Yas 2 □ No		
r 28s	Director	10e, Street and Number				10f. Zip C	_			1	0g. Citizen of	. Citizen of What Country?		
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	by Funeral	11. Marital Status  1 Navar Married 2XXMarrie  3 Widowad 4 Divorced	M Man Chin	as? □ No	1	Was Deceda f Yas, specif 1 ☐ Yas 2		Hispanic Origin' ban, Maxican, P Specify:	? (Specify uarto Rice	Yas or No- in, atc.)		an Indian, etc.		
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al Hy	Be	17. Fathar's Nama (First, Middla, Le	ist)					18. Mother's	18. Mother's Nama (First, Middla, Maidan Surnama)					
Ment Ment arked	2	Charles Bas	sil Ch	risti	e			Vio	ola	М.	Pa			
and 2 sho alth and 27 is m		19a. Informant's Name/Relationship Eleanor G. Chri				Mary		enue,			, City or Town , Maryl			
of He item		20a. Method of Disposition	- II		Place of Dispo	sition (Neme	of arpl	aca)	C	ete	20c. Location	- City or To	wn, Stata	
Pag ment ant: M		1 Burial 2 M Cramation 3 Ramoval from Stata camatary, cramatory or other place)											Maryland	
permit. Departrimporta		4 Donation 5 Other (Specify) Chesapeake Crematory, Inc. 7/7/97 Beltsville, Maryla  21. Signa are of Funaral Sarvice Licensaa  22. Nama and Addrass of Facility  John C. Miller, Inc.												
		23a. Part Inter the disease, or complications that caused the death. Do not enter the mode of dying, such es cardiac or respiratory errest, shock of heart failure. List only one cause on each line.  Approximation that real part failure. List only one cause on each line.												
Physician /Medical Examiner		Immadiate Causa (Final disaasa or condition resulting in daeth)	FILU	RE)			Onsat and Death							
	_	resulting in date (1)		Due to (	or es e conseq								The same	
nsit	١		b. SUILL	CILLUL	d Contillor	1	7							
eath certificate be execut ettending physician and for use as the burial-tran	Examiner	Sequantially list conditions, if any, laading to immadiata causa. Enter Underlying		Dua to (	or as a conseq	uarice of):	,					i		
e be rsicla		Causa (Disaasa or Injury that initiated avants	¢	Due to (c	or as a consaq	uanca off:								
g phy as th	cian/Medical	rasulting in daath) Last		Dua to (c	Ji as a consaq	uarica or).						7		
andin use	2		d		_									
death	200	Part II. Other algnificant conditions	a contributing to deep	th but not ras	sulting in the ur	ndariving cau	use o	iven In Pert I.		23b. Did to	bacco use co	ontributa te	the cause of death	
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Physician: The law requires that the death certificate be executed this certificate has been signed by the ettending physician and all director, page 2 should be detached for use as the burial-transit.	Completed b									24a. Was a perform	n autopsy ned?	av	ere autopsy findings alleble prior to mplation of causa deeth?	
The la	100									1 🗆 Ya	as 2 No	10	Yas 2XNo	
certificate rector, pa	60	25. Was case referred to medical axaminer?					_	26. Place of	Deeth (C	heck only on	10)			
hyal dins o	9	1 ☐ Yas 2X No	Hospital: 1 ☐ tnp	patiant 2	ER/Outpatien			thar: 4 Nursir		-	ance 8 Ott		y)	
ding P	TION:	27. Mannar of Death  1 Natural 5 Panding invastigat		Day Yaar)	28b. Tima of Injury	28d		ury at ork? ] Yas 2 ☐ No	28d.	Daschibe he	ow Injury occu	rred		

24b. Were autopsy findings available prior to complation of causa of deeth? No 1 ☐ Yas 2 No □Othar (Specify) occurred 28f. Location (Straat end Number or Rural Routa Numbar, City or Town, Stata) Certifying Physician: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and mennar as steted.

2 Medical Examinar: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and mannar stated. 29d. Data signed (Month, Day, Year)

State Registrar

Medical Certifica

3 Suicida

29a, Certifian

30. Name e

4 Homicida

29b. Significant and title of certifier

31. Data filed (Month, Dey, Year)

JUL 0 8 1997

6 Could not be datarmined

CAR which (O.)

who completed causa of deeth (item 23a) (Type, Print)

WWD 5601 Lock Reven Blyd 32 Registrar's Signeture ia Davidson

28a. Place of Injury - At homa, farm, streat, factory, offica building, atc. (Specify)

29c, Licansa number

State of Maryland / Department of Health and Mental Hygiene

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)	1	2	U	17	J	

				Certificate of	Death	Reg. No.	21 20433
Phys	iclan	1. Decedent's Neme (First, Middle, Le	(st)			Dete of Deeth Month Dey	3. Time of Death
	dical	Narcisa J	. WOMING	3	J	uly 3, 1	997 7°PM
Exar	niner	4e. Fecility Neme (If not institution, give	e street end number)		4b. City, Town, or Location	on of Deeth 4c. Cour	nty of Deeth
		5. Social Security Number 6.	Sex 7. Age (In yrs.	lest birthday) If Under 1 Year	r if Under 24 Hrs. R	e Da	IMMORE
Funer Direct			1□ M 2∅ F	Yrs. Months Deys		Date of Birth Month, Day, Year)	9. Birthplece (State or Foreign Country)
yland		10e. Stete 10b. County	10c. Cit	ty, Town or Locetion			10d. Inside City Limits
the Marylar 28a-f show	io	Maryland Baltin	iore Pa	RKVILLO			1 ☐ Yes 21 No
or 28	Funeral Director	10e. Street end Number	1 01	10f. Zip Code		10g. Citizen o	of Whet Country?
23a	Tail	3 Planwood	I Ct.	212	134	PHILL	- IPINES
after dea	nue	11. Maritei Stetus	12. Wes Decedent Ever in U Armed Forces? 1 Yes 2 No	,S. 13. Wes Decedent of I if Yes, specify Cub	Hispenic Origin? (Specify ben, Mexican, Puerto Rica	163 01 140	laca - American Indien, leck, White, etc.
	by F	1 Never Married 2 Married 3 X Widowed 4 Divorcad	IT Yes, GIVE	1 ☐ Yes 2 ☒ No		Spec	
Aaryland 21215-0020 2 should be filed within 72 hours af and Mental Hygiens is marked other than "netural", or surrette svent, the Mental Example.	8	15. Decedent's E	Yeer or Dates:	16a Decadant's Heuel Occur	unation		Asian
215 in 72 in 72	Completed	(Specify only highest gre	ede completed)	16e. Decedent's Usuel Occu (Give kind of work done life. DO NOT use retire	during most of working	16b. Kind of	Business/Industry
d 2121 filed within Hygiena. ort, the Men	mo	Elementary/Secondary (0-12)	College (1-4or 5+)	TEACHER	,	EDUC	ATION
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Maryland d 2 should be file th and Mental Hy 7 is marked othe traumatic avent		19a. Informent's Neme/Reletionship (	Type, Print)	19b. Meiling Address (Stree	t and Number or Rural Ro	oute Number, City or Tow	n, State, Zip Code)
e, N 1 and 1 and Haalth hm 27 ther tr		Emilia Womin	90-Raras	3 Rearius	od Ct. Pa	RKVILLE, MC	2Ryland 21234
Baltimore, Noemit. Pages 1 and Department of Haalth mportant: If Itam 27 any injury or other tr		20e. Method of Disposition  1 Buriel 2 Cremetion 3		Pleca of Disposition (Name of cametery, cremetory or other ple	) Ju	ate 9 20c. Location	n - City or Town, Stete
Baltim pemit. Pag Department Important: I		4 □ Donetion 5 □ Other (Specif		laney Valley Men	nocial Garden 19	797 1 IMCX	Jum. Maryland
Balt permit. Departm Imports eny inju	DUCE	21. Signeture of Funerel Servica Licer	isee	22. Name and Addre	ess of Fecility Evans	s Chapel o	of Chimbs
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	30	23a. Pert1. Enter the diseese, or com shock, or heart feilure. List only	plicetions thet caused the deetl one ceuse on each line.	h. Do not enter the mode of dyi	ing, such es cardiec or res	spiretory errest,	Approximete Intervel Between
Physicia /Medica		I am a distance of the second	,				Onset and Deeth
Examine	_	Immediate Cause (Final disease or condition resulting in deeth)	· Lung	cancer			2 years
	ē		Due to b	or es a consequence of):			
uted	Examiner		b	' n	9.0		
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F 50	Medical	resulting in deeth) Lest					
Box eath cert attending for use	Physician/		d				
P.O. B that the death ad by the atte detached for	ysic	Pert II. Other significant conditions of	ontributing to death but not resi	ulting in the underlying cause gi	ven in Part I.	23b. Did tobacco use o	contribute to the cause of death?
P. P.						1 Yes 2 No	3 Probably 4 Unknown
of Vital Records, F Physician: The law requires tha this certificate has been signed ral director, page 2 should be de	d by					24e. Wes an eutopsy	24b. Were autopsy findings
cord v require been si should i	Completed					performed?	eveileble prior to completion of cause
Re lav	dm						of death?
Vital Rician: The I		OF Man area of send as a dist				1 ☐ Yes 2 S No	1 Yes 2 No
of Vita Physician: this certific ral director,	o Be	25. Wes case referred to medical exeminer?  1 ☐ Yes 2☑ No	Hospitel:	Ott	26. Piece of Death (Ch	1.	
Physic retails	. To	27. Menner of Deeth	28e. Dete of Injury	Ervoutpatient 3 DOA	4 Unursing Home	5 Residenca 6 □0 Describe how injury occ	
Division of i or Attending Phy after death. Director: After this din by the funeral	ation	Neturel 5 Pending 2 Accident investigation	(Month, Day Year)	28b. Time of Injury	rk? ]Yes 2□No		
VIS Attended	Iffica	3 ☐ Suicide 6 ☐ Could not be determined	28e. Placa of Injury - At ho	ome, farm, street, fectory, office			nber or Rurel Route Number,
Safte of h	Certification:	4 🗆 Homicide	building, etc. (Specify	4)		City or Town, Stete)	
ospit hour unera		29e. Certifier To Certifying Physics (Check only 2 Medical Exert	yalcian: To the best of my know	wledge, deeth occurred et the tir	me, dete end pleca, end c	due to the cause(s) and r	nenner es stated.
Division To the Hospital or Attanding within 24 hours after death. To the Funeral Director: After completely filled in by the fune	fedical		end menner steted.	tion end/or Investigation, In my o		ine time, dete and plece	), end due to the cause(s)
To To To To To To To To To To To To To T	2	29b. Signature and the of certifier	U AL	29c. Licens	se number	29d. Date sign	ned (Month, Dey, Year)
2		11-1m	Thony Mile	2.mg 00	12200	July	1,1997
1		30. Neme end eddress of person who		23e) (Type, Print)	10 11	1 (4	7, 1997 Balto med
		31. Dete filed (Month, Day, Yeer)			14.040	14(4) 57. 0	SHUTO MICH
S Regis	tate trar	JUL 0 8 1997	82. Registrer's Signet	ture			21204
ricgia	ti di	44- 40 1331	1 - Marinos - No	TIMES			

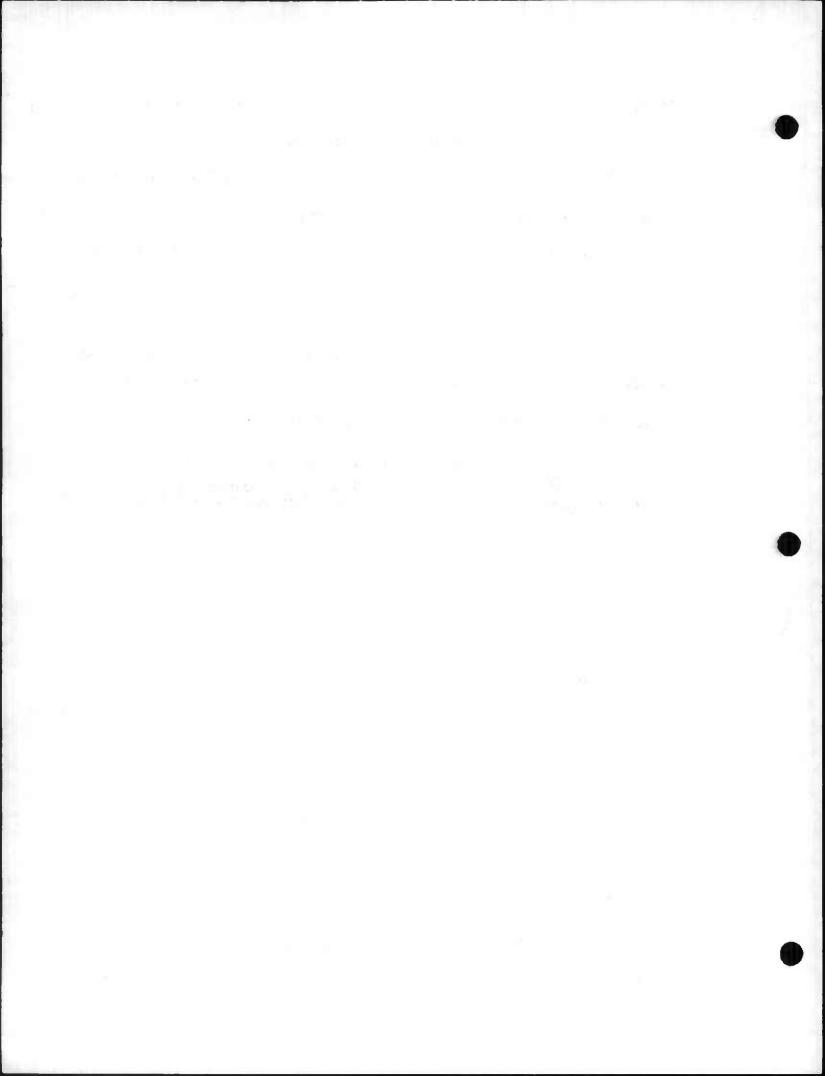
DHMH 16 Rev 6/95

- Land Miles

State of Maryland / Department of Health and Mental Hygiene 97 201, 21.

		Decedent's Name (First, Middle, I	anti		Certifica	ate of	Death	100. 1-	Reg. No.		20434				
Physicia	ın	Grace		Donahue				2. Date of D Month	Dav	Year	3. Time of Death				
/Medica	al			Dollariue			4h Oh Taur	July		97	6:10 AM				
Examine	er	4a. Facility Name (If not institution, g		onogia	Eldor C	1220	4b. City, Town, or Baltin			y of Death Baltin					
		Perring Parkway  5. Social Sacurity Number 6.		enesis e (In yrs. lest b		dar 1 Yaa									
uneral irector		212 09 5560 Usual Rasidance of Decedent	1□M 2X F	89		s Days		Month, D Dec. 10	), 1907		place (State or Foreign intry) yland				
M til		10a. State 10b. County		10c. City, Tov	vn or Location						10d. Inside City Limits				
Hilled	ctor	Maryland Balt	imore			To	wson				1 ☐ Yes 2 No				
23a or z	Funeral Director	10e. Street and Number 803 Streambank	Ct.		10f. 2	Zip Code 2	21286		10g. Citizen of Unite						
	by	11. Marital Status  1 ☐ Never Married 2 ☐ Married  3 ☐ Widowed 4 💢 Divorcad	12. Was Decadent Armed Forces? 1 Yes 201 If Yas, Giva Year or Dates:				Hispanic Origin? (S ban, Mexican, Puart Specify:	pecify Yes or No o Rican, etc.)	14. Rad Bla Special	ck, White	can Indian, , etc. White				
dical	Completed	15. Decedent's (Spacify only highest g	Education rede completed)	168	. Decedent's Us (Giva kind of t	sual Occu	upetion e during most of wor ed)	rking	16b. Kind of B	lusiness/ir	ndustry				
the Me	du	Elementary/Secondary (0-12)	College (1-4or 5	5+)				47			h d am -				
vent,		12 17. Fathar's Nama (First, Middle, Las	et)		Terc	grap	18. Mother's Ner	ne (First Middle	Commu		cions				
ls marked other treumatic event, th	To Be	Alfred	,,	Carnea	ıl		Mildre		ina	Cla	rke				
e 2	<b>-</b>	19a. Informant's Name/Relationship  James M. Donahu					ink Ct., 1			, Stete, Zi	ip Code)				
item 27 other tr	-	20a. Mathod of Disposition	ie / 5011	20b. Placa	of Disposition (A	verne of		Date	20c. Location		own State				
- 5		1 Burial 2 XCremation 3 4 Donation 5 Other (Spec			Mount C	rema	tory 7/8	3/97	Baltim						
important: I any injury o once.		21. Signature of Funeral Service Us													
physical a the bur	edicai Examiner	Immediate Ceuse (Final disasse or condition resulting in death)  Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that Initiated events resulting in death) Last	b	Due to (or as a	consequence of	f):									
for use	Physician/M		d							- 1					
be detached	ysic	Part II. Other significant conditions	contributing to death b	ut not resulting	In the underlying	cause g	iven in Part I.	23b. Did	tobacco use co	ontribute t	to the cause of death?				
detac	by Ph							10	Yes 2□ No	3 □ Pro	bably 4 Unknow				
hes been signed 2 should be	Completed b								s an eutopsy ormad?	av Co	Vere autopsy findings vailable prior to ompletion of cause f deeth?				
page	E							10	Yes 2 No	1	☐ Yes 2☐ No				
6 6	Be	25. Was case referred to medical					26. Place of Dea	ath (Check only	one)						
00	9	examiner? 1 ☐ Yes 2 No	Hospital: 1 ☐ Inpatie	nt 2 ER/O	utpatient 3	DOA O	ther .		idence 6 Ott	ner (Speci	ify)				
After t		27. Menner of Death  1 ☑ Natural 5 ☐ Panding 2 ☐ Accident investigation			Time of Injury	28c. Inju Wo 1 [	ury at ork? Yas 2 No	28d. Describe	how injury occur	rred					
Funeral Director: A stely filled in by the f	Certification:	3 Suicide 6 Could not 4 Homicide determine		ury - At home, for (Specify)	arm, street, fact	ory, office			(Street end Num wn, Steta)	ber or Rur	ral Route Number,				
	edical	29a. Certifier (Check only one) 1 Certifying P	hyaician: To the best of minar: On the basis of and menner sta	examination ar	e, death occurre nd/or Investigation	ed at the ton, in my	ime, date end plece opinion, death occu	, and dua to the rred et the time	ceuse(s) and m date and place,	anner as : end due t	stated. to the cause(s)				
Comp	_	29b. Signature end title of certifier	:		2	-	se number		29d. Data signe	ed (Month,	Dey, Year)				
			all, n.D.			_	47814		July	7	1197				
5		30. Name and address of person who	as completed cause of d	eath (Item 23a) 7 E. No	(Type, Print)	ark-	say Bas	Uimse	MD	2/2/1	+				
State Registra	_	31. Date filed (Month, Day, Year) JUL 0 8 1997	32. Registro	ar's Signature	202										

32. Registrar's Signature



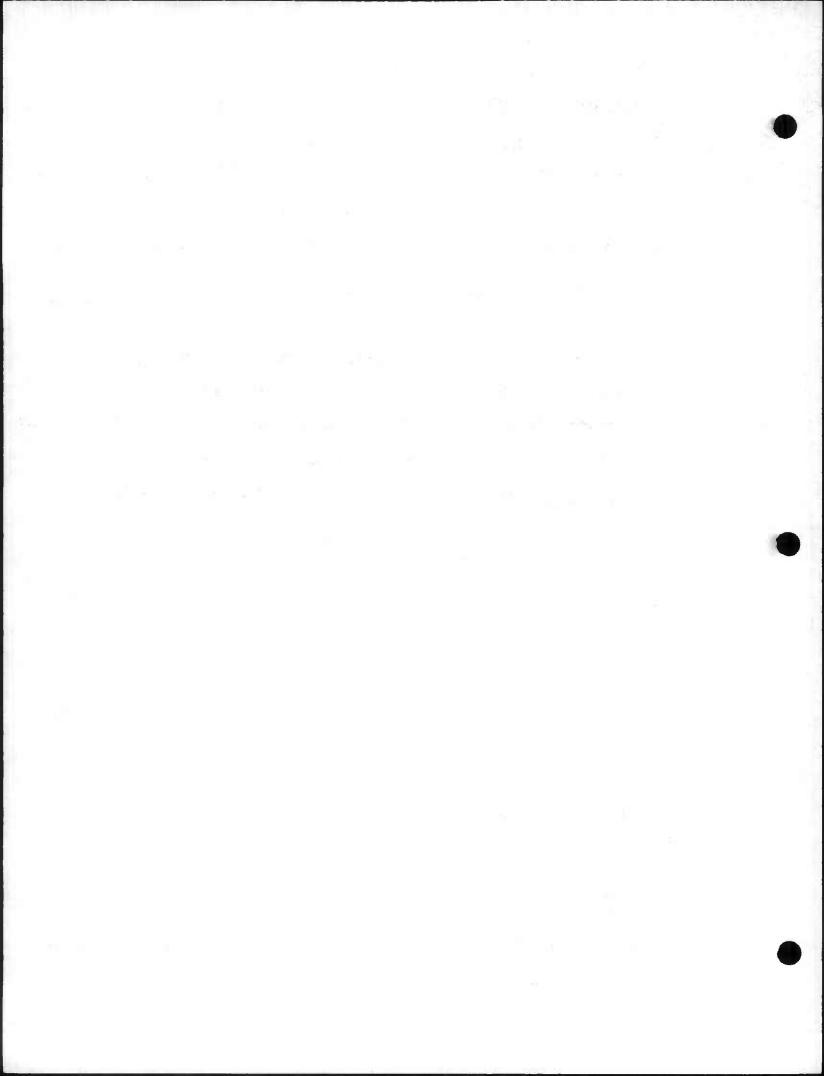
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						Certific			Remaining	eg. No.	1 6	0433
	hysici		1. Decedent's Name (First, Middle, L Margaret L. D					٠	2. Data of Deat Month July 5,	Day 1997	Year	3. Time of Death 5:30 AM
7	Medic/ Examin		4a. Facility Name (If not Institution, gi					4b. City, Town, or I		4c. County		3:30 AM
			905 Shamrock Co	urt				Glen Bu	rnie	Anne	Arun	del
	uneral rector		217-24-1242	Sex 7. Ag 1 □ M 2/□xF	ge (In yrs. last birt	hday) If Un Mont	hs Days	if Under 24 Hrs. Hours Min.	8. Data of Birth (Month, Day, Mar. 15		9. Birthpla Countr Mary	ice <i>(Stata or Foreig</i> n y) land
pua	ž	1	Usual Residence of Decedent  10a. State 10b. County		10c. City, Town	or Location					10	d. Inside City Limits
Mary	r 28a-f show	ctor	Maryland Anne	Arundel			Burni	Le				1 ☐ Yas 2 ☑ No
with the	OR	Director	10e. Street and Number			10f.	Zip Code		1	0g. Citizen of V	Vhat Countr	у?
hath	23a	erai	108 Beth R		See le III O	40.144 0		21060		United		
020 Nurs aftar de	al', or items Examiner to	by Funeral	11. Marital Status  1 □ Navar Married 2 ☑ Married  3 □ Widowed 4 □ Divorced	12. Was Decedant Armed Forces? 1  Yas 2  It Yes, Give Year or Dates:			s 2 No	dispanic Origin? (S an, Mexican, Puert Specify:	pecity Yas or No- o Rican, etc.)		e - America ek, White, et : Whi	tc.
Maryland 21215-0020 d 2 should be filed within 72 hours after death with the Maryland th and Mental Hygiena.	han "natural", e Modical Exa	Completed	15. Decedent's Elementery/Secondary (0-12)	ducation ada completed) College (1-4or	16a. 5+)			pation during most of wor d)	king	16b. Kind of Bu		istry
S pell to	T E	ပိ	17. Fathar's Nama (First, Middle, Las	4)		Home	emakei		an (First Adiable A		Home	
Maryland 2121 42 should be filed within th and Mental Hygiena.	tem 27 is marked other than other traumatic event, the M	o Be	Walter Arring					Net	ne <i>(First, Middle, M</i> tie Gay	<i>raiden Sum</i> am	θ)	
Shoul Me	mark	မှ	19a. Informant'a Name/Relationship		19b	Meiling Addr	ass (Street	and Number or Ru		City or Town	State Zin (	Code)
Man and 2	27 ls r trau		John Diffenbaugh			-		Glen Bur		21060	Olulo, Lip c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Baltimore, M. permit. Pages 1 and 2 Department of Health 8	r or othe		20a. Method of Disposition 1 ∰ Burial 2 □ Cremation 3 [			, crematory	or other pla			20c. Location -		
Itir	ortant: injury	ŀ	4 ☐ Donation 5 ☐ Other (Special Signature of Funaral Service Lice		Glen F	-		Pk. July	9, 1997	Glen B	urnie	, MD
<b>6</b> 8 8	any ir		1 suit Et	augh		Kirkl	Ley-Ru	iddick Fu Hwy. S.E			MD 21	061
/Me Exar	sician edical miner	Jer	Immediate Cause (Final disease or condition resulting in deeth)	a meta.	Tatic (Due to (or as a c			hona e	of sall	sladde		Somet and Death
X 68760, Pertificate be axecuted	CH 00	8	Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Last	c	Due to (or as a co							
Box	for u	clan									1	
P.O.	ed by the attendin detached for usa	Physician/M	Part II. Other significant conditions	contributing to death b	ut not rasulting in	the underlyin	ig cause giv	ven in Part I.		bacco use cor		the cause of death?
Cords	been signe should be d	Completed by							24a. Was at perform		avai	a sutopsy tindings lable prior to pletion of cause eath?
E a	paga paga	PO							1 □ Y€	s 2 No	10	Yes 2 No
Vital	artific	Be	25. Was case reterred to medical exeminer?	1.0.511					th (Check only on	e)		
o g	d is	tlon: To	1 Yes 2 No  27. Manner of Deeth 1 Neture 5 Pending Investigation	Hospitel: 1 Inpatio	ry. 28b. T		DOA Ott	4 LI Nursing H	ome 5 Reside 28d. Describe ho			
DIVISION  of or Attending	5 0 5 E Suicide O Doubling the 280 Diago of				ury - At home, far c. (Specify)	m, street, fac	tory, office		28f. Location (St. City or Town	reet and Numb , State)	er or Rural	Route Number,
Hough	29a. Cartifier 1 Cartifying Physician: To the best of m					death occurr or investigat	ed at the tir lon, in my o	me, date and place	, and due to the ca rred at the time, da	uae(s) and me ate and place, a	nner as sta and due to t	led. he cause(s)
MA	one) and manner state  29b. Signature and titla of certitier						29c. Licens	e number	25	d. Date signed	(Month, D	ay, Year)
	7		I an and	Welman 1	10		122	182		July 7,		
0	+		30. Name and address of person who	1	eeth (Item 23a) (	Type, Print)	esita	1 Cente				
	Stat Registra		31. Date tiled (Month, Day, Year)		ar's Signature		6			21		

DHMH 16 Rav 6/95

	Item19a	7-1	4-97 FILMG749 W.H.Per F		anu / L	Certifica	ite of	Death		Reg. No.		0436
	Physica /Media		1. Decedent's Nema (First, Middla, Las. THO HAS I	E.EPPS					2. Data of De Month	Day	1997 3.	Tima of Death
	Examir Funeral Director	ner	4a. Fecility Nama (If not institution, giva  ELDER C AR  5. Social Sacurity Number 6. Sa  216-32-1050   Usual Rasidance of Dacedant	E NURSING	HOM yrs. last birt 60	thdey) If Und	er 1 Year	BALTII  If Under 24 Hr  Hours Min	S. R Date of Ri		n/a	(Steta or Foraign
	Ba-f show	Director	10a. Stata 10b. County n	/a 10c	. City, Towr	or Location	BAL	TIMORE				nside City Limits Yas 2 □ No
	ath with the 2 s 2 s or 2 must be m	rai Dire	3009 MILFORD	AVENUE			ip Code	21207		10g. Citizan of UNITE	D ST	ATES
020	Justin 72 hours after death with the Maryland piene. Then "natural", or fleme 23a or 28a-f show the Mourcal Examiner must be nothed at	by Funeral	11. Marital Status  1 □ Never Married 2 🕱 🎇 arried  3 □ Widowed 4 □ Divorced	12. Was Dacedant Evar i Armed Forces? 1 ☐ Yas 2 ☐ Yo If Yas, Giva Yaer or Datas:	in U,S.	13. Was Dec If Yas, sp	ecify Cuba	ispanic Origin? ( an, Maxicen, Pua Specify:	Specify Yas or North (1974) arto Rican, atc.)		ce - American Inck, Whita, atc.	LACE
21215-0020	within ene. than "	Completed	15. Decedant's Edu (Specify only highast grad Elemantery/Secondary (0-12)	cation a complatad) Collega (1-4or 5+)	16a.	life. DO NOT	vork dona d usa ratired	during most of w t)			usinass/industr	
pul	should be filed nd Mental Hygi marked other matic event, tr	To Be Co	12 th  17. Fathar's Name (First, Middla, Last)  WALTER L	- EPPS		SECUR	LTY	OFFICI 18. Mothar's No	ema (First, Middle	, Maidan Sumar	L_SECU	RITY
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	rt. Page rtment o rtant: If I			lamoval from Stata	cameter	y, cramatory or LAWN	CEM	ETERY ss of Facility	7-10-9		TIMORE	
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	be executed sician and punal-transit	Examiner	Sequentially list conditions,	Ren	nal	consequence of Consequence of	we					wKs
9	death carmicate be exe e attending physician a od for use as the bunal-	edical	Sequentially list conditions, if eny, laading to immadiata causa. Entar Underlying Causa (Disease or injury thet initiated avants rasulting in death) Last		neest	ive R. onsequence of	eart	faile	He	-		JwK.
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ital H	ate pag	Ве Соп	25. Was case rafarrad to medical axaminar?						1 □	Yas 2 No	1 □ Yas	s 200 No
	After this After this funeral di	Certification: To	27. Mannar of Deeth Natural 5 Panding and Panding invastigation	1 Inpatiant 2 28e. Data of injury (Month, Day Year	2 ER/Out 28b. T		28c. Injun Work	4 Li Nursing	Home 5 ☐ Res 28d. Dascribe	dance 6 Oth		
DIVI	print or Attended burn after deat ern Director: filled in by the		3 Suicida 4 Homicida  6 Could not be detarmined	28a. Place of tnjury - A building, atc. (Sp.	acify)			and the said also	City or To	(Straet end Numl wn, Steta)		
	A de la company	Medical		alcian: To the bast of my ner: On the basis of exem and mannar stated.	ninetion and	Vor investigatio	n, in my op 9c. Licansa	pinion, deeth occ a numbar	curred at the tima,	date and piece,	end due to the	cause(s)
)			30. Name and eddrass of person who co	mplated cause of death (	Item 23a) (	Type, Print)		239 502 Sq	marifan D 2123	Hospito	4 - 1	997
•	Sta Registr		Lena Sayeph. 56 31. Data filed (Worth Par Year) JUL 08 1997	DOI LOCK R	gneture Son-Acr	pless.	Balli	more M	11 2123	9	•	

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene 0.7

					Certific	ate of	Death		Reg. No.	1 6	0437	
Physic	ian	Decedent's Neme (First, Middle	_					2. Dete of D	Day Day	Year	3. Time of Deeth	
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D.		Usuei Residence of Decedent		10- 03 T						/ 1		
e Meryle Ra-f ahov	ctor	MD 10b. County	BALTIMORE		on or Location	RE			110	10d.	. Inside City Limits 1 ☐ Yes 2 No	
th with the Meryler 23a or 28a-f show	ral Director	10e. Street end Number 8113 McDONOGH	RD.		10f.	Zip Code	21208			0g. Citizen of Whet Country? USA		
aftar dea or Items	by Funeral	11. Maritel Stetus 1 ☐ Never Merrled 2 ☐ Marri 3 ☑ Widowed 4 ☐ Divorced	12. Wes Deceden Armed Forces 1 Tyes 2 ff Yes, Give Year or Detes:	? LNIO X			Hispenic Origin? ean, Mexican, Pu Specify:	(Specify Yes or Nerto Rican, etc.)		ce - American ick, White, etc y: WHITI		
72 hours	Completed	15. Decedent (Specify only highes	s Education	166	Decedent's U	Jsual Occu	petion during most of	working	16b. Kind of B	usiness/indus	itry	
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should be and Mental in marked of	2	ISADORE		FRIED			ELSI	E		RUBIN		
C = 0 +		19e. Informent's Neme/Relationsh CHERYL KRONGAR			-		ADOW RD	Rural Route Num BALTO		, Stete, Zip Co 21208	ode)	
S + # 0		20e. Method of Disposition  1 ☐ Buriel 2 ☐ Cremetion  4 ☐ Donetion 5 ☐ Other (Sp		9	of Disposition ( ary, cremetory			Dete 3/97	20c. Location REISTER			
permit. Page Department of Important: if any injury or 2000.		21. Signatura Funeral Service L		DUBT			<u>·</u>			DIONIN	LID	
Depa Impo any i		» (   // )/	. 4					BROS., I			01000	
		23a. Part Enter the disease, or	complement that cause	ed the death. Do				WN RD.,			21208 pproximete	
Physiolon		23a. Part Finter the disease, or shoot, or heart failure. List of	only one cause on each	line.						in	nset and Death	
Physiclan /Medical		Immediate Cause (Final	0		0							
Examiner		disease or condition resulting in death)	e. 131L	ATERAL			AIL				MONTH	
	ē			Due to (or es e	consequence	or):				9		
d d d ransit	Examiner	Convention by list and divine	b	Due to (or es e	CONSEGUENCE	of):				4	Manja	
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deeth c e etten ed for us	Physician/N		d									
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5 # # E	Certification:	3 Sulcide 6 Could n 4 Homlcide determi	and Zoe. Piece of it	njury - At home, fa tc. (Specify)	arm, street, fac	ctory, office			(Street end Num own, State)	ber or Rurel R	loute Number,	
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¥ ₹ ₹ 8		250. Signature and title of Cartina	Pmolta	mn			41410		July o			
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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 20 hours after death with the State herr of Health, and Mental Homens enter to build, cremation, or removal.	IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR 1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
	t. DECEDENT'S NAME (First, Middle, Last)				2,	DATE OF DEATH	,	3. TIME OF BEAT
	Henry Diehl Fulle	er. Jr.			4	HONTH	100 YEAR	1100 "
	4. SOCIAL SECURITY NUMBER				- N	UK 5 1	77/	100
			(In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. T.	Month Day War	S. BIRT	TNPLACE (State or Foreign
	217-62-7417	1½ M 2 □ F /	44 YRS.	MONTHS DAYS	Ap:	1 3, 195	53 M	
	9e. FACILITY NAME (If not institution, give	street and number)		SP CITY TOWN	OR LOCATION OF DEATH		9c. COUNTY OF	DEATH
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ō	80 E. Padonia Rd	, Apt 202		Timo	nium		Balti	more
5	RESIDENCE OF DECEDENT							
DIRECTOR	10e. STATE 10b. COUNT		10c. CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY LIMITS?
0	MD 1	Baltimore		Timoni	um			1 X YES 2 NO
	toe, STREET AND NUMBER			1	of, ZIP CODE	1	too. CITIZEN OF	WHAT COUNTRY?
F	90 E Dad D1	A-+ 202						Wild Good Title
FUNERAL	80 E. Padonia Rd	, Apt 202			21093		USA	
5	11. MARITAL STATUS	12. WAS DECEDENT EVER I			CENDENT OF HISPANIC		r No 14. RA	CE — American Indian, ick, White, stc.
11	12 Never Merried 2 Merried	FORCES? 1 YES			pecify Cuban, Mexican, Pr S 2 [X] NO Specify:	verto Rican, atc.)		ecify:
ВУ	3 Widowed 4 Divorced				a a agrico apoony.			
	15. DECEDENT'S EDU	ICATION	I 184 DECEDENT'S	USUAL OCCUPAT	TON	16b. KIND OF BUSIN		hite
Щ	(Specify only highest grad	e completed)		work done during n		IOD. KIND OF BUSIN	E95/INDUSTRY	
Ш	Elementary/Secondary (0-t2)	College (1-4 or 5 +)	1.0					
9	12	n/a	Producti	lon Cord	inator	Auto I	Parts	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (	(First, Middle, Meiden Su	meme)	
	Henry Diehl Fulle	or Sr				izabeth M		
BE		21, 51.						
0	19e. INFORMANT'S NAME (Type/Print)			ADDRESS (Street	end Number or Rural Route	e Number, City or Town,	State, Zip Code)	
Ĕ	Helen Elizabeth	Fuller/Mother	16215	Corbet	t Village	Lane, Mor	akton,	MD 21111
	20s. METHOD OF DISPOSITION	20	b. PLACE AND DATE			-	TION — City or	
	1 Buriel 2 K Cremation 3 Ren		metery, cremetory or carried Cr					
	4 Donation 5 Other (Specify)		arrott Ci			1y 7, 1997	/ Ham	pstead
	2t. SIGNATURE OF FUNERAL SERVICE	CENSEE		22. NAME	AND ADDRESS OF FACILITY	Lemmon 1	Funomo 1	Uomo
	/www. Le	nacand by		1				
	Victor Lengra	and, Jr.		10 W.	Padonia Ro	d., Timoni	ium, MD	21093
	23. PART t. Enter the diseases, or	complications that cause	d the death. Do	not entar the m	oda of dying, such as	a cardiac or reapire	tory arrest,	Approximate
	shock, or heart failure.	List only one couse on	ach line.					interval Between
								Oncod and Dried
	IMMEDIATE CAUSE (Finsi	11 /	1	10	1			Onset and Death
	iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	Carle	- 2	No. 11	There	~		Onset and Death
	disease or condition	Carde Ope TO FOR AS	A CONSEQUENCE O	Shy	herrie	2		Onset and Death
7	disease or condition	Cardio ON AS	A CONSEQUÊNCE O	ship	herrie	d . 10		Onset and Death
NO	disease or condition resulting in death)  Sequentielly list conditions,	Chron	00 60	The	herrica of a	Luss		Onset snd Death
ATION	disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate	Chron	A CONSEQUENCE O	The	herrica	Luse		Onset snd Death
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COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury thet initiated events resulting in death) LAST  PART II. Other eignificent condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  t yes 2 No  27. MANNER OF DEATH  1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO	A CONSEQUENCE Of A CONSEQUENCE Of DEATH Y 28. PLACE OF DEA 19 19 19 19 19 19 19 19 19 19 19 19 19	In the underlying the street, fectory, of the st the time, day	UNCERTAIN  UNCERTAIN  Divine 5 Residence 6 NUMBER 7 NORK7  VES 2 NO  Ice 28	1 (1. 24e. WAS AN AI PERFORM  1 YES 2  Other (Specify)  Id. DESCRIBE HOW INJ  H. LOCATION (Street and City or Town, Stete)  the cause(s) end menne, date end place, end	JTOPSY 2/2 PO PO PO PO PO PO PO PO PO PO PO PO PO	4b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1  YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other eignificent condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  t	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO	A CONSEQUENCE Of A CONSEQUENCE Of DEATH Y 28. PLACE OF DEA 19 19 19 19 19 19 19 19 19 19 19 19 19	In the underlying the street, fectory, of the st the time, day	UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN  UNCERTAIN	1 (1. 24e. WAS AN AI PERFORM  1 YES 2  Other (Specify)  Id. DESCRIBE HOW INJ  H. LOCATION (Street and City or Town, Stete)  the cause(s) end menne, date end place, end	JTOPSY 2/2 PO PO PO PO PO PO PO PO PO PO PO PO PO	4b. WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO  No Route Number, e(s) end menner es stated.
COMPLETED BY PHYSICIAN: MEDICAL	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Dissess or injury thet initiated events resulting in death) LAST  PART II. Other eignificent condition  DID TOBACCO USE CONT  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  t yes 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation 3 Suicide 6 Could not be determined  29e. 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State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** WILLIAM G. FINE 06, 1997 JULY 2:30PM /Medical 4a. Facility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Death **Examiner** MERIDIAN FRANKLIN WOODS NURSING HOME BALTIMORE BALTIMORE 7. Age (In yrs. last birthday) if Under 24 Hrs. 5. Sociel Security Number If Under 1 Year 8. Date of Birth (Month, Dey, Yeer) 08/04/1916 9. Birthplece (State or Foreign Country) PA **Funeral** Months Days Hours XXM 2 F 80 187-03-0660 Yrs Director Usual Residence of Decedent the Marylend 10a. Stefe 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits traumatic event, the Madical Examiner must be notified at BALTIMORE MD Director PERRY HALL 1 ☐ Yes 2 ☒ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò 9304 PENT ANGLE WAY 238 21236 U.S.A. Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 1 XYes 2 No If Yes, Give Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) "natural", or items 11 Marifai Status 14. Race - American Indian, Black, White, etc. 72 hours after 1 Never Married 2 Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 ZNo Specify: WHITE f Yes, Give Year or Dates: Specify: by 3 Widowed 4 Divorced Completed 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry filed within 7 Hygiena. Elementary/Secondary (0-12) Coilege (1-4or 5+) SOCIAL SECURITY DIRECTOR FEDERAL GOVERNMENT Pages 1 end 2 should be filed nent of Health end Mental Hyginnt: If item 27 is marked other 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumame) Be WILLIAM G. FINE LOUISA DAVIS 2 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2: Depertment of Health er Important: If item 27 is sny Injury or other trau TERESA A FINE/ WIFE 9304 PENT ANGLE WAY PERRY HALL, MD 21236 20b. Place of Disposition (Neme of 20a. Method of Disposition 20c. Location - City or Town, State cemetery, crematory or other plece) 1 ☐ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 □ Donation 5 🖾 Other (Specify) CRYPT DRUID RIDGE MAUSOLEUM 7/9/97 PIKESVILLE, MD 21. Signature Funeral Service Licensee 22 Name and Address of Facility
STERLING ASHTON FUNERAL HOME, INC. 736 EDMONDSON AVE. CATONSVILLE, MD 21228 Locky 23a. Part1. Enfer the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Physician** CONGESTIVE CARDIOMYOPATY /Medical Immediate Ceuse (Final disease or condition resulting in death) Examiner Alkero Scleto he Cardioras cular Examiner that the death certificate be executed physician and s the buriel-trans Sequentially list conditions, if any, leading to Immediate cause. Enfer Underlying Cause (Diseese or injury that Initiated events resulting in death) Lest Box 68760, Physician/Medical Due to (or es a consequence of) 56 usa Part II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Division of Vital Records, P.O. the 23b. Did tobacco use contribute to the cause of death? signed by t 1 Yee 2 No 3 Probably 412 Onknown þ 24b. Were autopsy findings eveileble prior to completion of ceusa of death? Completed 24a. Was an autopsy performed? peeu paga 2 s 1 🗆 Yes 1 Yes certificata 2 0 No inding Physician: Be 25. Was case referred to medicei examiner? 26. Piece of Deeth (Check only one) Other: Nursing Home 5 Residence 6 Other (Specify) Medical Certification: To 1 Yes 2 No 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA this uneral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28h Time of 28c. Injury of Work? 28d. Describe how injury occurred After Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be 3 ☐ Suicide 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 Homicide 112 Certifying Phyaician: To the best of my knowladge, death occurred at the time, dete end piece, end due to the cause(s) and manner as stated. 29a. Certifier

2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stafed.

29c. License number

1) 30641

29d. Dete signed (Month, Dey, Year)

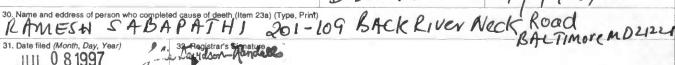
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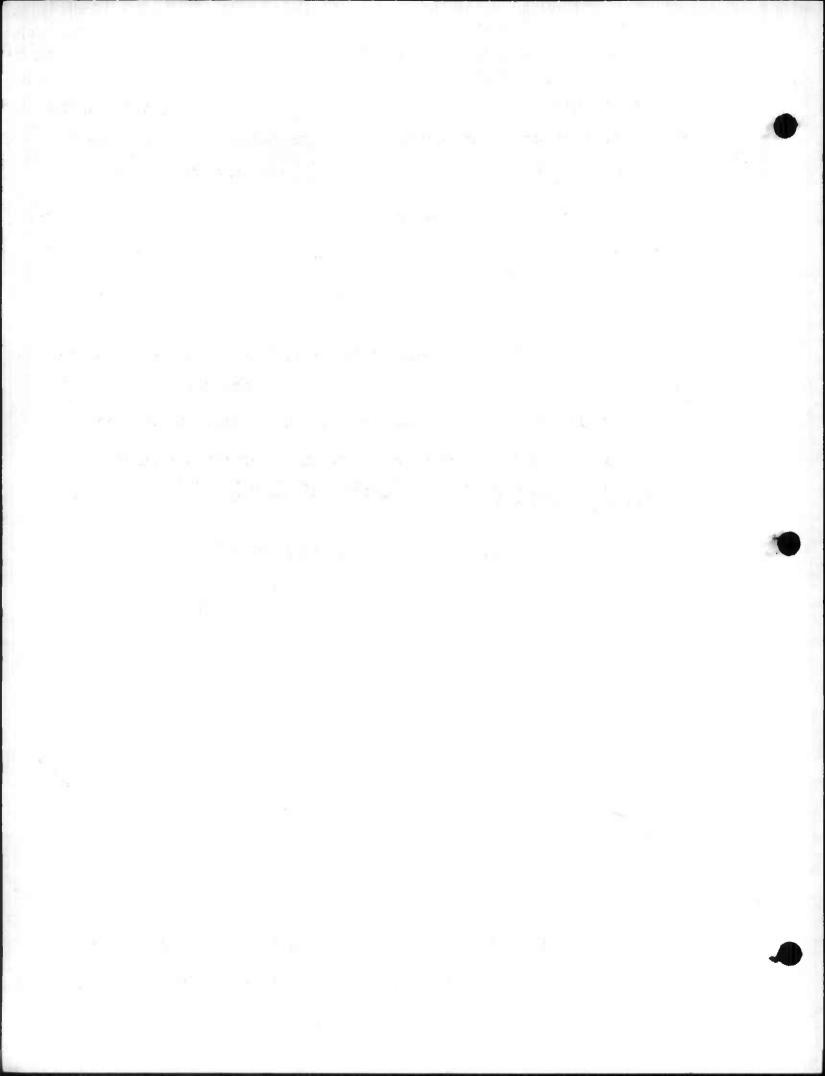
State Registrar

31. Date filed (Month, Day, Year) JUL 0 8 1997

29b. Signature and title of certifier

(Check only one)





Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month V 850 PM FRAZIER 6 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth MARYLAND C-ENERAL HOSPITAL BALTIMORE 5. Social Security Number 213-32-4584 If Under If Under 24 Hrs. 8. Date of Birth (Month, Day, 3/3/1 7. Age (In yrs. last birthday) 9 Birthple (Stete or Foreign Devs 62 Months Hours MARYLAND Usuel Residence of Decedent 10a. State MARYLAND 10b. County 10c. City, Town or Location 10d. Inside City Limits BALTIMORE 1-F Yes 2 □ No 10e. Street end Number 10f. Zip Code 10g. Citizen of Whet Country? 21216 3022 WEST LANVALE STREET USA 12. Was Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 11. Maritel Stetus 14 Rece - American Indien Bleck, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 1 No If Yes, Give 1 ☐ Yes 2 Ho Specify: Specify: BLACK 3 Widowed 4 Divorced Yeer or Dates: 16e. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) CLAIMS CLERCK SOCIAL SECURITY ADM. 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) THOMAS JEFFERSON CHAINEY HELEN JACKSON 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, State, Zip Code)  $2469\ \ WOODBROOK\ AV.\ BALTO, Ad.$ Informent's Neme/Relationship (Type, Print) CYNTHIA GREEN / DAUGHTER 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Burial 2 Cremation 3 Removel from State VOSHELLS MEM. GARDEN 7/10 DUNDALK, MARYLAND 4 ☐ Donetion 5 ☐ Other (Specify) Service Licensee 22. Name end Address of Fecility UNITY FUNERAL HOME 108 W.NORTH AV. 21201 disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, feilure. List only one cause on each line. Approximete Intervel Between Onset end Death Immediate Cause (Final disease or condition resulting in deeth) OF CANCER Due to (or es e consequence of): ESPRITORY Due to (or es e consequence of) Due to (or es e consequence of) 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings eveileble prior to 24e. Was en autopsy performed'

**Physician** /Medical Examiner

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-f show

Medical Examiner must be notified at

Items 23a death \

permit. Pages 1 and 2 should be filed within 72 hours after Department of Health end Mentel Hygiene. Important: If item 27 is marked other than "natural", or ite any injury or other traumatic event, If a Medical Examine

Baltimore, Maryland 21215-0020

Director

Funeral

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Completed

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Sequentielly list conditions, if eny, leading to immediate ceuse. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest

Physician/Medical Examiner Pert II. Other significent conditions contributing to death but not resulting in the underlying cause given in Pert I. þ Completed completion of cause of deeth? 1 Yes 2 No 1 ∏ Yes 2 ∏ No 25. Wes case referred to medical examiner? Be 26. Plece of Deeth (Check only one) Hospital: 1 Inpatient Other: 4 Nursing Home 5 Residence 8 Other (Specify) 2 1 Yes 2 100 2 ER/Outpetient 3 DOA 27. Menner of Deeth 28e. Dete of Injury (Month, Dey Year) 28b. Time of Injury 28c. Injury et Work? Certification: 28d. Describe how injury occurred 1 Neturel 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 3 Sulcide 8 Could not be determined 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 - Homicide 1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end plece, end due to the cause(s) end menner es steted.

2 Medical Exeminer: On the bests of exemination end/or investigation, in my opinion, deeth occurred et the time, date end pleca, end due to the cause(s) end manner stated. 29e. Certifier Medicai (Check only one)

29c. License number

MARYLAND GENERAL HOSPITAL

29d. Date signed (Month, Dey, Year)

buriel-tran Box esn Por Records, P.O. detached á signed t The law requires page 2 Vital Hospital or Attending Physician: Division of this After after death. Director: Aft the 2 filled in 24 hours a To the Hosp within 24 hor To the Fune completely fi

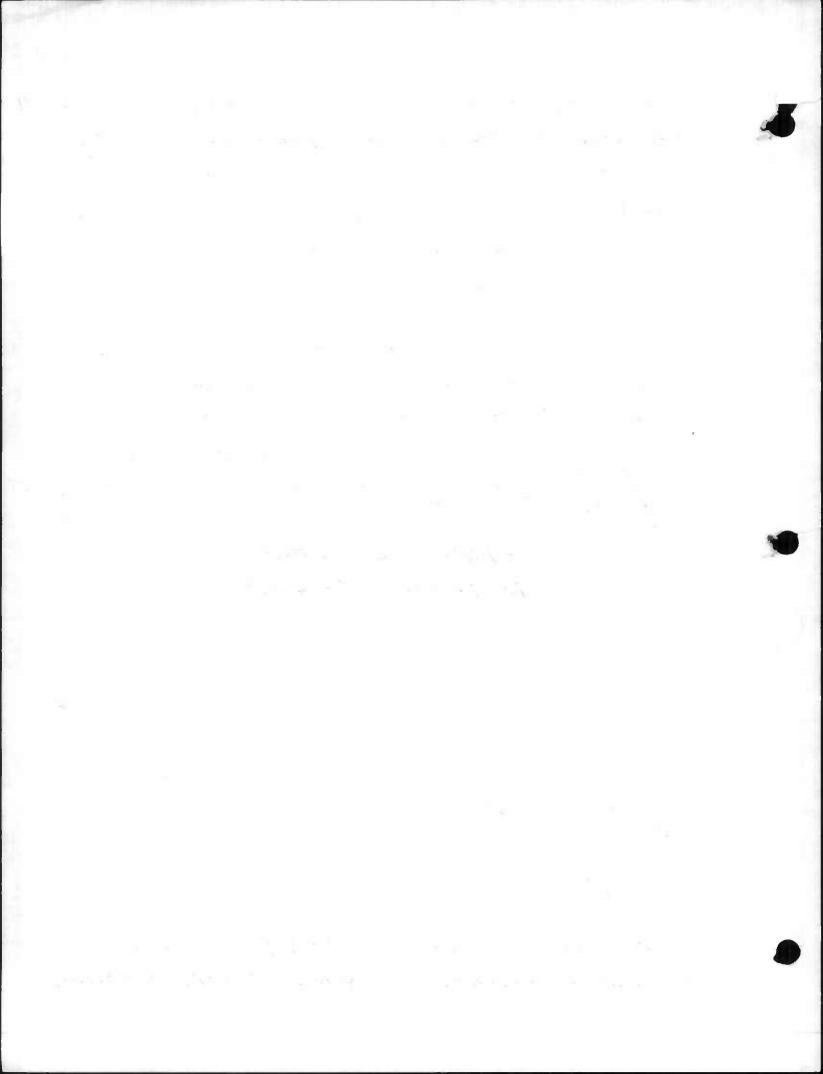
> NSEKENENE 31. Dete filed (Month, Day, Year) State 0 8 1997

29b. Signature end title of certifier

Nthemache 6 -

30. Name end eddress of person who completed cause of death (Item 23a) (Type, Print)

KOLONG-O Jan Registrar's Aspature



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Deeth 3. Time of Death 8:45 PM JAMEC FLUTKA JULY 06 1997 4e. Fecility Name (If not Institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death The Good Samaritan Hospital Baltimore if Under 24 Hrs. 8. Date of Birth Hours Min. (Month, Dey, Year) If Under 1 Year 5. Sociel Security Number 6 Sex 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) 1 M M 2 □ F Months Days 84 Yrs. 217-03-9920 April 6, 1913 Maryland Usual Residence of Decadent 10a State 10b Counts 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No Maryland N/A Baltimore 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 6518 Walther Avenue Apt. A8 21206 United States 12. Was Decedent Ever In U,S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Ricen, etc.) 14. Raca - American Indien, Black, White, etc. 11 Maritel Status 1 X Yes 2 No
If Yes, Give
Yeer or Detes: WW II 1 Never Married 2 Married 1 Yes 2 No Specify: Specify. 3 Widowed 4 Divorced White 15. Decedent's Education (Specify only highest grede completed) 16a. Decedent's Usuel Occupation
(Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12 Warehouseman Retail Furniture Sales 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Charles **Flutka** Dorothea Trautner 19a. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) Mrs. Margaret T. Flutka / Wife 6518 Walther Avenue Apt. A8 Baltimore, Md. 21206 20b. Place of Disposition (Name of cemetery, cremetery or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 X Buriel 2 Cremetion 3 Removal from State 4 ☐ Donetion 5 ☐ Other (Specify) Holly Hill 7/10/97 Essex, Maryland 21. Signature of Funeral Service Licansee Paul L. Hartsock 22. Name and Address of Facility Leonard J. Ruck, Inc. 23a. Part1. Enter the disease, of complications that saysed the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause or on h line. 5305 Harford Road Baltimore, Maryland 21214 Approximate Interval Between Onset and Deeth Immediate Cause (Fine) ACIDOSIS 1 8794 disease or condition resulting in death) Due to (or as a consequence of): EMPHYSEMA END-STAGE Sequentially list conditions, if eny, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Lest Due to (or as e consequence of): Due to (or es e consequenca of): Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? Yes 2□ No 3 Probably 4 Unknown SHOCK CARDIOGENIC 24b. Were eutopsy findings available prior to 24a. Was an autopsy performed? completion of cause of death? 2 No 1 ☐ Yes 2 No 1 Yes 25. Was case referred to medical examiner? 26. Place of Death (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Yes 2 No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA

28d. Describe how Injury occurred

28f. Location (Street end Number or Rural Route Number, City or Town, State)

29d. Date signed (Month, Dey, Year)

BALTO MB 21239

1997

Physician /Medical **Examiner** 

**Physician** 

/Medical

Examiner

Funeral

Director

r than "natural", or items 23a or 28a-f show the Wadical Examiner must be notified at

Director

p

Completed

the Marylend

72 hours after

Hygiene.

permit. Pages 1 and 2 should be filed wit Department of Health and Mentel Hygiene Important: If frem 27 is marked other tha any injury or other traumatic event, Iffal, once.

3altimore, Maryland 21215-0020

Examiner pue physician Physician/Medicai the igned by 3

es that the death certificete be executed

P.O. Box 68760.

enords,

Division of

this To the Hospital or Attending PI within 24 hours efter deeth.
To the Funeral Director: After the completely filled in by the funere

Be Completed by 2 Certification: Medical

State Registrar

30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) ANNE DWUSY 31. Date filed (Month, Day, Year) 0 8 1997

29a. Certifier

27. Manner of Deeth

1 Natural

2 Accident 3 Suicide

4 ☐ Homleide

29b. Signature end title of certifier

me

5 Pending investigation

6 Could not be determined

ann

which Davidson Randa

32. Registrar's Signature

GOOD SAM HOSPITAL

MA

28a. Date of injury (Month, Dey Year)

28b. Time of

28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify)

28c. Injury et Work?

Certifying Physicien: To the best of my knowledge, death occurred at the time, date and placa, and due to the cause(s) and menner as stated.

Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner stated.

29c. License number

P 09303

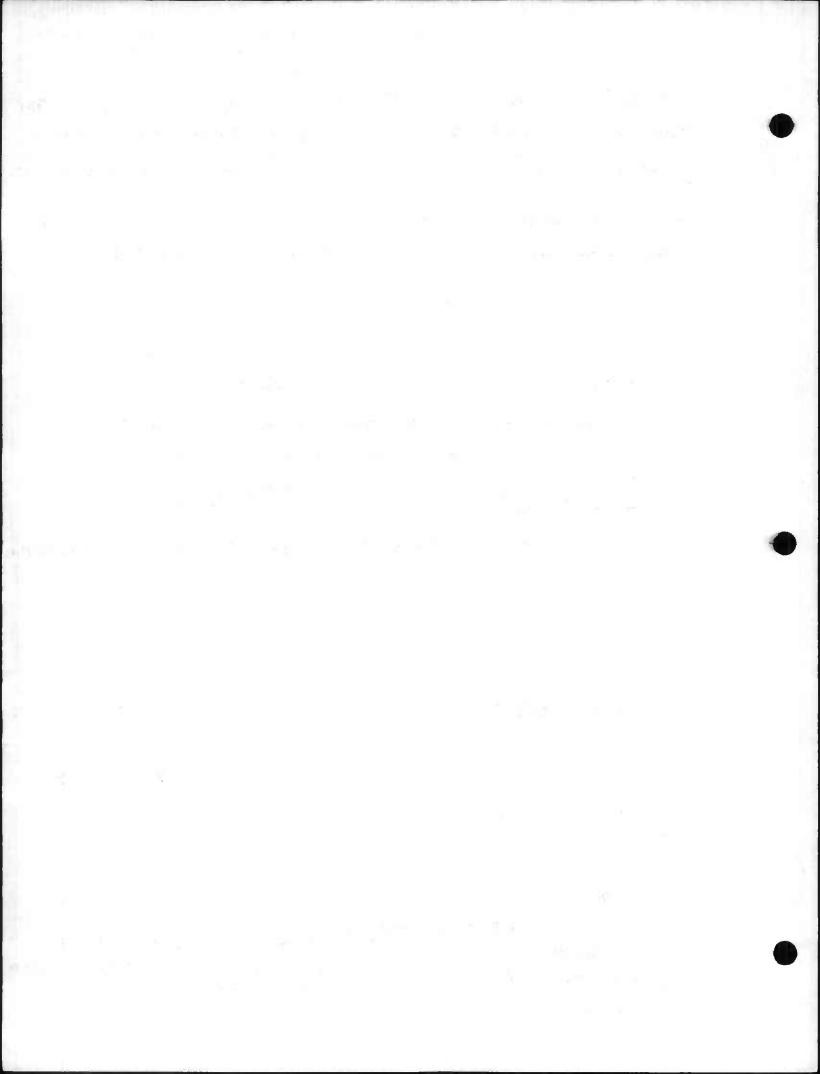
5601 LOCH KAVEN BLUD

1 Yes 2 No

State of Maryland / Department of Health and Mental Hygiene

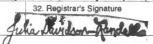
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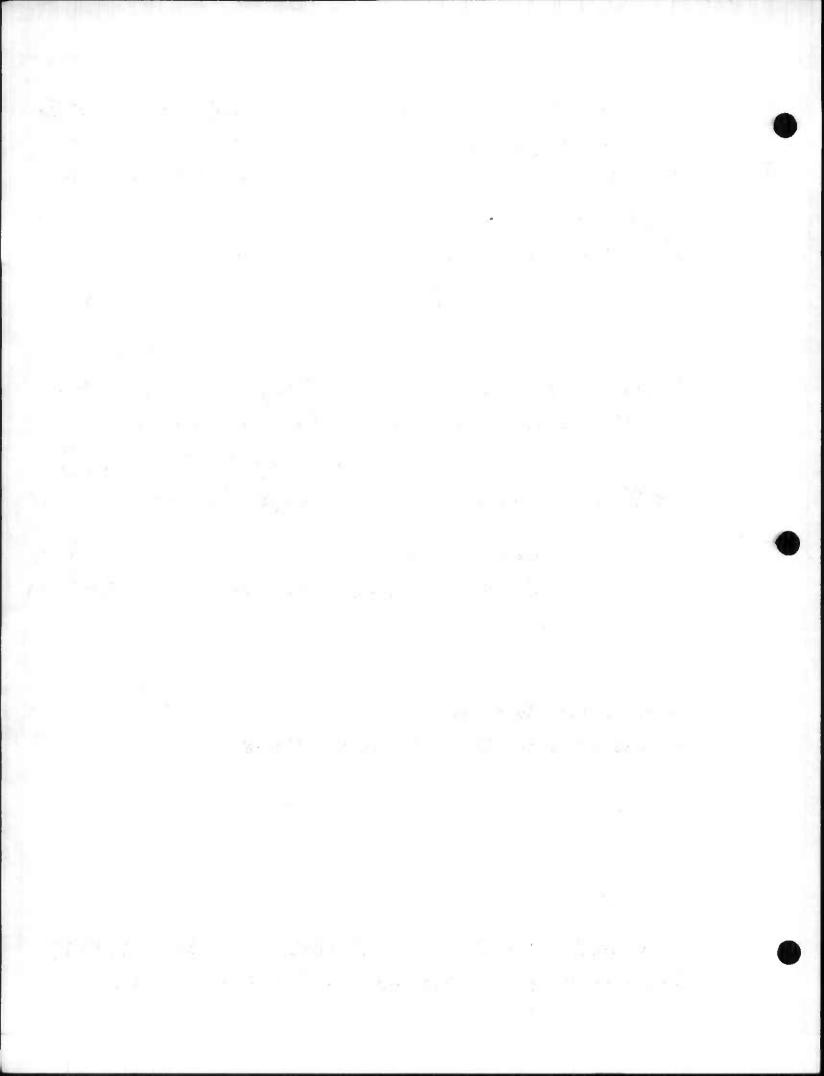
				Ce	rtificate of	Death		Reg	ı. No.		
Phys /Me	ician dical	1. Decedant's Nama (First, Middla, La	NELS	ON F	ANT		Mc	te of Death	<b>Day</b>	Yaar 1997	3. Tima of Death 2-00 Am
Exam		4a. Facility Nama (III not institution, given the LECTH ARVIVE L	a street and number) HOSPITA	AL.		4b. City, To	wn, or Location V BUR	of Death	4c. County	y of Death	RUNDEL
Funer Direct	_		D	In yrs. last birthdey) 72 Yrs.	If Under 1 Yaa Months Days		Min. Apr	ta of Birth onth, Day, Y	1925	9. Birthp Coun Washi	lace (State or Foraign try) Lngton, D.(
the Meryland 28a-f show	Director	Usual Rasidence of Dacedant  10a. State  10b. County  Maryland  Anne Ar  10e. Street and Number		0c. City, Town or Lo Severn				40-	Own		0d. Insida City Limits 1 □ Yes 2 ☑ No
th with 23a or	ai Dir	1403 Illinois Av	e.		10f. Zip Coda	21144	10g. Citizan of Who United S				
21215-0020  4 within 72 hours efter deeth with the Meryland jiene.  r then "netural", or frems 23a or 28a-f show the Medical Examiner must be notified at	by Funeral	11. Merital Status  1 Nevar Marriad 2 Married  3 Widowed 4 Divorced	12. Was Decedent Even Armed Forcas? 1 ☐ Yes 2 ☐ No If Yes, Giva Yaar or Datas:	1942	Was Dacedani of If Yas, specify Cu 1 ☐ Yas 2 ☑ No			as or No- atc.)	Bia	ca - Amaric ck, Whita, a y: Whit	atc.
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aryland 2 should be filed and Mentel Hygic marked other unmit event, II	To Be C	17. Fathar's Nama (First, Middla, Last, George Fant					ar's Nama <i>(First</i> , nknown	, Middla, Ma	idan Sumar	na)	TQ L
Itimore, it. Peges 1 er rtment of Hea rtant: If Item?	Duce	19a. Informant's Name/Ralationship ( LeRoy Mallett, JF  20a. Mathod of Disposition  13 Burial 2 □ Cramation 3 □  4 □ Donation 5 □ Other (Specification of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of the content of t	R./Step Son	101: 20b. Placa of Dispo cematary, cra Meadowric	matory or other pl	Road ece) Pk. J	Glen B Date	urnie, 20 1997 B	MD c. Location Elkrid	21060 - City or To	) wn, Stata
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OX 68760,  certificete be executed anding physicien end use es the buriel-transit	Medicai	Sequantially list conditions, if any, leading to immediate cause. Entar Undarfying Causa (Disaasa or Injury that initiated avants rasulting in deeth) Lest  Dua to (or as a consaquance of):  C.  Dua to (or as a consaquance of):  d.									
requires that the death certification is signed by the attending should be deteched for use as	by Physician	Part II. Other significant conditions of	entributing to death but r	not rasulting In the u	nderlying causa g	ivan in Part I	. 2		acco use co 2□ No		the cause of death?
2 3 8 8	Completed b						24	ta. Was an a		eve	ara eutopsy findings allabla prior to applation of cause daath?
Vital Rouldian: The Locatificate he rector, page	Be Con	25. Was casa rafarred to madical				26 Plans	a of Death (Chec	1 Yas	2 <b>2</b> No	1	Yas 200No
Of Vita Physician: r this certific rral director,	To B	axaminar? 1 ☐ Yas 27 No	Hospital:	2 ER/Outpatier	nt 3 DOA	ther	ursing Homa 5		ce 8 □Ott	nar (Specify	1)
Attending Ph c death. c death. c the tuneral	Certification:	27. Mannar of Death  1 Natural 5 Panding 2 Accidant invastigation 3 Sulcida 6 Could not be		ear) 28b. Tima o	W	ury at ork? □ Yas 2 □		ascribe how	injury occur	rred	
Washington by Market		4 ☐ Homicida datarminad	building, etc. (	Spacify)			Cit	ty or Town, :	Stata)		l Routa Number,
To the last within 24 To the Fund complement	Aedicai	(Check only 2 Medical Exam	ysician: To the bast of miner: On the basis of ax end manner stated	amination and/or in	vastigation, in my	opinion, daa	d place, and du th occurred at th	na tima, date	and placa,	and dua to	tha causa(s)
To the vithin To the bomple	2	29b. Signatura aNd little of certifiar	וויש, וזי	UVSE UMF	R D5	1664	+	J	L Data signe	4,1	997
18	`	30, Nama and addrass of person who SUDHIR KUMMR A	GARWAL,	YURTH /TH	PUNDEL	HOSP	ITAL, 3 E, mb	2106	SPIT	AL DR	IYE, GLE
S Regis	state strar	31. Data filad (Month, Day, Year)  JUL 0 8 1997	Julia Janas	Signature							



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death **Physician** Month JUI 4c. County of Dea /Medical 4e. Facility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth Examiner Nunsing BALTIMORE FASTDOIN Home 5. Social Security Number If Under 1 Year 7. Age (In yrs. last birthday) Birthplaca (State or Foreign Country) **Funeral** -03-7208 Months Days Hours Min. 1 € M 2 □ F Yrs. Director LARYLAND Usual Residence of Decedent the Maryland th end Mental Hygiene. 7 is marked other than "natural", or itema 23a or 28a-f show traumatic event, the Medical Examinat must be notified at 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland BAH: MORE Completed by Funeral Director 1 ☐ Yes 2 ☑ No 10e. Street and Numbe 10f. Zip Code 10g. Citizen of What Country? Peges 1 end 2 should be filed within 72 hours efter death with nent of Health end Mental Hygiene. 21226 3 30 TOIN Nes Decedent Ever in U.S. Armed Forces? PYes 2 □ No 1941 11. Marital Status 12 Wes Dec Was Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 Never Merried 2 Married 21215-0020 s, Give or Dates: 1□ Yes 2□ No Specify: white 3 ☐ Widowed 4 ☐ Divorced 1945 15. Decedent's Education 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Coilege (1-4or 5+) Elementary/Secondary (0-12) onductor 8 Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surname) Be MAThew 19a. Intermant's Name/Relationship (Type, Print) 19b. Meiling Address (Street end Number of Rural Route Number, City or permit. Peges 1 end 2 s Department of Health er important: if item 27 is eny injury or other trau once. chew) 2905 SAli 20b. Plece of Disposition (Neme of cometery, crematory or other NovaKoski Nephen EdWARG 20a. Method of Disposition 1 ☑ Burial 2 ☐ Cremation 3 ☐ Removel trom State 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses ands/KAVS ant. Enter the disease, or complications that saused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, hock, or heart failure. List only one cause of each line. Approximate Interval Between Onset and Deeth **Physician** /Medical Immediate Cause (Fine) disease or condition resulting in death) **Examiner** to (or as e consequence of) Examiner or Attending Physicien: The law requires that the death certificate be executed the burief-transit Sequentially list conditions, if any, leeding to Immediate ceuse. Enter Underlying Cause (Diseese or injury that Initieted events resulting in death) Last pue P.O. Box 68760. Physician/Medical Due to (or es a consequence of): for use es Pert II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 23b. Did tobacco use contribute to the cause of death? director, page 2 should be deteched Fibrillat 1 Yes 2 No 3 Probably 4 ☐ Unknown Division of Vital Records, þ Be Completed 24b. Were autopsy findings eveilable prior to completion of ceuse of deeth? 24a. Was an autopsy performed? ru Courchiasosastur this certificate 2 1 No 1 ☐ Yes 2 ☐ No 25. Was cese reterred to medicel examiner? 26. Place of Death (Check only one) Hospital: 2 No Other: 4 Nursing Home Certification: To 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 5 ☐ Residence 6 ☐ Other (Specify) in by the funeral 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? After 1 Natural 5 Pending investigation uneral Director: Af 1 Yes 2 No 2 Accident 3 Sulcide 6 Could not be 28e. Placa of Injury - At home, tarm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 Homicide 1 Cartifying Physician: To the best of my knowledge, deeth occurred at the time, dete end plece, and due to the ceuse(s) end menner es stated.
2 Medical Examinar: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date end plece, and due to the cause(s) and manner stated. 29a. Certifier 29b. Signeture and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 30. Neme and address of person who completed cause ot death (Item 23a) (Type, Print) 5+1 Robert Dar Baltimure Fort

State Registrar 31. Date filed (Month, Day, Year)





					State o	of Marylar		artment of F rtificate of		Mental H	ygiene 9 Reg. No.	1 6	0444
			1. Decedant's Name (F	irst, Middla, L	ast)					2. Dete of D			3. Tima of Death
	Physic		Bessie	Cal	techo	_				Ju y	Day	Year 997	4:45 PM
	/Medi		4e. Facility Nema (If no						4b. City, Town, or I	1	9		,
	Exami	ier	HOSPICE OF	11			CENTER		TOWSON			TIMOR	E
	Funeral		5. Sociei Security Numb	per 6.	Sex	7. Aga (In yrs.	last birthday)	if Under 1 Year Months Deys	if Under 24 Hrs. Hours Min.	8. Data of B	irth	9. Birthp	laca (State or Foreign try)
	Director		214-03-1098	8	1□M 2□F	82	Yrs.	Working Doy's	Tiodis (tim).	DEC.2	irth Pay, Year) 5,1914		YLAND
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	128 the	Director	10e. Street end Numbe	r				10f. Zip Coda			10g. Citizen of	What Coun	try?
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	eath 22	era	11. Maritai Status	01.771		edant Evar in U	IS 13 1			nacity Vas or N		e - Americ	an Indian
21215-0020	within 72 hours effer death with the Maryland ane, than "natural", or items 23a or 28a-f show the Medical Examiner must be notified at	by Funeral	1 Nevar Married 3 Widowed 4		Armed Fo 1 Tas If Yas, Gir Year or D	orces? 2⊠No va		Was Decedant of H If Yas, spacify Cuba 1 ☐ Yes 2 ☐ Xio	Specify:	Rican, etc.)	Bla Specif	ck, Whita,	
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an	of its p	Be C	BENJAMIN		•	НС	OLZMAN		SARAH		WARGA		
7	J Me	은				110							
Maryland	200		19a. informant's Name	/Halationship	(Type, Print)		19b. Mailir	ng Addrass (Street	end Number or Ru	iral Route Num	ber, City or Town,	, Stata, Zip	Coda)
	C = N -		SOL GOLDSCI		JSBAND)	1	2603	GAGE CT	APT. A		PIMORE,		
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Baltimore,	permit. Pages Department of I Important: If its any injury or of once.		21. Signature of Funera	al Sarvice Lice	ensaa	,	22	SOL LEVI					D 01000
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<i>\</i>	hysician /Medical Examiner		shoot or h) art fa Immedieta Causa (Find diseasa or condition resulting in death)	ilura. List onl	y ona causa on a	etas		UVE				m man and the fact that	Approximate interval Between Onsat and Deeth
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8	de all	icia	Part II. Other significar	et conditions	contribution to de	eath hut not rec	ultino lo the u	nderlylna cause aiv	en in Pert i	23h Dia	tobacco use co	otribute to	the cause of death?
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	To the Hospital or Attervible 24 hours effer des To the Funeral Director Completely filled in by th	edical	29e. Certifiar (Check only one)	Certifying P Medical Exa	hysician: To the miner: On the b and men	best of my kno esls of axamina nar stated.	wiedge, deeth tion and/or inv	occurred at the tin vastigation, in my o	na, data and place pinion, daath occu	, and due to the rrad at tha time	e causa(s) and ma , data and piace,	annar as si and dua to	ated. tha causa(s)
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	8		30. Nama and address.  W. A. R.	24	G BM	10 6	701	N. Ch.	pr(es	S+-	Bult	, ,	nd
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State of Maryland / Department of Health and Mental Hygiene Certificate of Death

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timore, Maryland 21215-0020	t. Peges 1 and 2 should be filed within 72 hours efter death with the Maryland timent of Health and Mental Hygiene.	tant: if item 27 is marked other than "natural", or tems 23s or 28s-1 show jury or other traumatic event, the Mad cal Examinet result be notified at

	Physic		1. Decedent's Nama (First, Min		EE	GOLDS	SBOROU	JGH	, III	2. Data of D Month	Day	Year	3. Time of Dea	
	/Medi Examir		4a. Facility Name (If not institu 1806 CIRC			4b. City, Town, C			Location of Dae	th 4c. Count	2,1997 11 4c. County of Death BALTIMO		PM	
	Funeral Director		5. Social Security Number 215–22–2848	6. Sex <b>XiX</b> M 2□ F		(In yrs. last birthda 72 Yrs.	y) If Under Months	1 Yaar Days	If Under 24 Hr Hours Min	n. (Month, D		9. Birth	npiace (State or For untry) RYLAND	reign
	Maryland H show	lor	Usual Residence of Decedent  10a. State 10b. Cour  MD • BA	nty LTIMORE		10c. City, Town or	Location RUXT(	ON					10d. Inside City Llr	
	death with the Maryland ms 23a or 28a-f show	ai Director	10e. Street and Number 1806 CIRC	LE ROAD			10f. Zip		1204	1	10g. Citizen of	What Cou		
	ours efter death with the Maryla alt, or items 23a or 28a-1 show Examined mars be mounted at	by Funeral	11. Marital Status  1 Never Married XX M 3 Widowed 4 Divorce	II VAC (-	Forces? 2 □ No Sive	ver in U,S. 13 2 1945- 1947	Was Deced If Yes, spec		dispanic Origin? ( an, Mexican, Pue Specify:	Specify Yes or N rto Ricen, etc.)	o- 14. Ra Bla Speci	ck, White	ricen Indian, o, etc. HITE	
21215-0020	filed within 72 hours efter Hygiene. ther than "natural", or ite tht, he Med cal Exercise	Completed	15. Deced (Specify only hig Elementary/Secondary (0-12	dent's Education thest grade completed	(1-4or 5+	(Giv	edent's Usua re kind of wor DO NOT us LAWYI	k done e retire	pation during most of wi d)	orking	16b. Kind of 8	Business/i	ndustry	
nd	lid be lental ked o ic eve	To Be C	17. Father's Nama (First, Midd PHILLIPS L	le, Last)		ROUGH, J	R .		18. Mother's Na	ame (First, Middle LINE F	e, Maiden Suma ENNER	me)		
Σ	s 1 and 2 shou f Health end IV ftsm 27 is mar other traumet		19a. informant's Name/Relation	nship (Type, Print) DSBOROUG	н (у	VIFE) 18	306 C1	[RC	and Number or F				ip Code) D,21204	
Itimore,	00-		20a. Method of Disposition  1 Burial Cremation 4 Donation 5 Other		n Stata		ematory or of	her plac	ce) REMATOI	Date <b>7-4</b>	20c. Location BALTO		Town, State 0.,21202	2
Ball	permit. Peg Department Important: I any Injury o		21. Signature of Funeral Sarvin	Licensee				<b>IRY</b>	W. JEN				OMPANY AND, 2121	12
	Physician		23a. Part1. Enter the disease, shock, or heart failure. L									-	Approximate interval Batween Onset and Death	h
	/Medical Examiner		immediate Cause (Final disease or condition resulting in death)	a. Ade	MOCI	Gr(Inom	a of	+	Le Lui	ng, m	etasta.	tic	5 mon	M
	be executed sicien and buriel-transit	Examiner	immediate Cause (Final disease or condition resulting in death)  a. Adenocarcinoma of the Lung, metastation but to brain brain stem  b. Due to (or as a consequence of):  to brain   brain stem  Due to (or as a consequence of):											
9/89	certificate be e nding physicien use es the burie	Physician/Medical E												
.O. BC	the death by the etten sched for u	hysician	Part ii. Other aignificant cond			_		_			l tobacco use ce		to the cause of decobably 4 Unkr	
w requires that the bear signed by		oleted by P	Adenocarcin	oma of fl	2 M	ustife,	in re	mi	55100	24a. Wa	s an autopsy formed?	24b. V	Vere autopsy finding valiable prior to completion of ceuse of death?	ngs

Division of Vital Re Nospital or Attending Physician: The lav 24 hours after death. Funeral Director: After this certificate has east filled in by the funeral director, page 2

		,		24a. Was an autopsy performed?	24b. Were autopsy finding available prior to completion of ceuse of death?		
				1 ☐ Yes XX No	1 ☐ Yes 2 ☐ No		
25. Was cese referred to medical examiner?			26. Place of Di	eath (Check only one)			
1 ☐ Yas XIXNo	Hospital: 1 ☐ inpatient 2 ☐	ER/Outpatient 3 D	Homa XSX Residence 6 □Oth	oma XSX Residence 6 Other (Specify)			
27. Manner of Death  XXNatural 5 Pending 2 Accident investigation	28a. Date of Injury (Month, Day Year)	28b. Time of Injury M	28c. Injury at Work? 1 ☐ Yes 2 ☐ No	28d. Describe how injury occur	red		
3 Suicide 6 Could not be determined	28e. Place of injury - At h building, etc. (Special	ome, farm, street, factor	28f. Location (Street and Numb City or Town, State)	28f. Location (Street and Number or Rural Route Number, City or Town, State)			
29a. Certifier (Check only one)  **Certifying Phy 2   Medical Exami	sician: To the best of my kno iner: On the basis of examina and manner stated.	owledge, death occurred ation and/or investigation	at the time, date and piac n, in my opinion, death occ	ce, and due to the ceuse(s) and ma curred at the tima, date and place,	anner as stated. and due to the cause(s)		

29b. Signature and title of continue

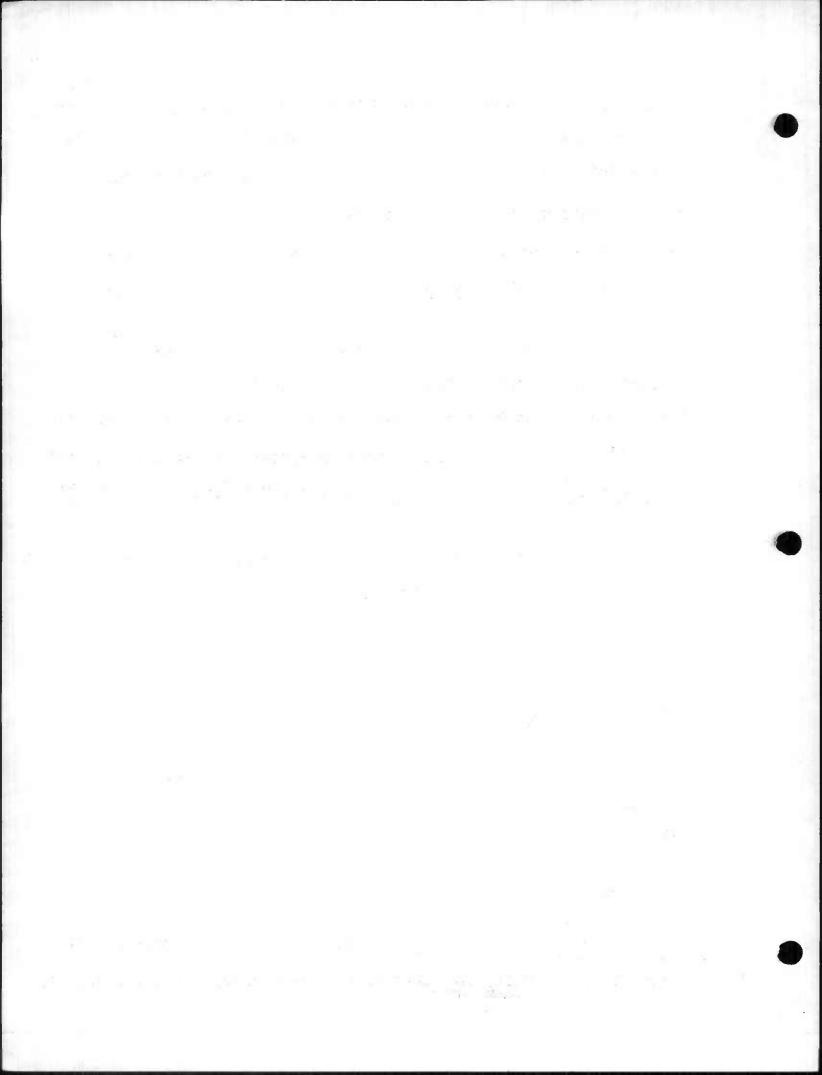
29c. License number 29d. Date signed (Month, Day, Year)

JULY 3,1997

30. Name and address of person who completed cause of death (Item 23a) (Type, Print)

MICHAEL A. CARDUCCI, M. D. 600 NORTH WOLFE STREET, BALTIMORE, MD., 21230

State Registrar



State of Maryland / Department of Health and Mental Hygiene 0.7

,		Decedant's Neme (First, Middla, La			Certificate of			Reg. No.	1, 6	.0440			
Physic	ian	Josephine	Garner				2. Date of De Month	Day	Yaar 97	3. Tima of Death			
/Med				1		4h City Tourn o	r Location of Doct	28					
Exami	ner	4e. Fecility Nama (If not institution, given Rock Glen N	ra straat and number,	Rehab.		City, Town, or Location of Death  4c. County of Deeth  NIG							
Funeral Director			Sex 1 □ M 2 Ø F	ge (In yrs. last birtho 58 Yr	Months Dave			39	9. Birthpl	aca (State or Foreign try)			
show		10a. Stata 10b. County		10c. City, Town o	r Location				10	Od. inside City Limits			
death with the Marylend ms 23a or 28a-f show Linust be notified at	ţċ	MD N/	A	ELKTON						12 Yes 2 □ No			
or 28	jrec	10e. Street and Number	1		10f. Zip Coda	-		10g. Citizan of V	What Count	iry?			
23a	la	1905 MCKEAN	AVENU	E	2121	7		USF	}				
	Funeral Director	11. Meritel Stetus	12. Wes Decedent Armed Forcas	Evar In U,S.	13. Wes Decedent of If Yes, specify Cut	Hispenic Origin? ( an, Maxican, Pue	Specify Yes or No irto Rican, etc.)	- 14. Rac	a - America				
0 at 5 m	by	1 Navar Married 2 Married 3 Widowad 4 Divorced	1 ☐ Yas 2 ☑ If Yes, Giva Yaar or Dates:	No	1□ Yas 2☑ No	Specify:		Specify	BLA	cK			
72 hours	Completed	15. Decedant's E (Specify only highast gr	ducation ada complated)	16a. D	ecedent's Usual Occu	pation	orkina	16b. Kind ot B	usinass/Ind	ustry			
within ene.	mpiqu	Eiamentary/Secondary (0-12)	Collega (1-4or		le. DO NOT usa retire	ed)	onting.						
of filed within the Month, the Month, the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Month of the Mo	S	17. Fathar's Nama (First, Middle, Last	NA		Dome	STIC	ome (Final Adidate	Adaldan Guman					
and de filecental Hyge ed others:	Be C	ROBERT WINN				ELEA	ame (First, Middle,	HNSOA					
Maryland d 2 should be fi th and Mental H 7 is marked out traumetic even	2	19a. Informant's Nemo/Reletionship (	Type, Print DAI	417FD) 19b. N	lailing Address (Stree					Code)			
		MARION GARNE	MAGNOR	A A	Box 83	4. HAWA		on, only or roun,		96716			
or Health		20a. Mathed of Disposition		20b. Place of D	isposition (Nama of cramatory or other pla		Deta	20c. Location -					
0 4 4 4		1 Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Othar (Special		KINGA	15MARIAI	PARK	7 3 97						
Baltim permit. Pag Department Important: I any Injury once.		21. Signature of Funerei Service Lice	1594 )	i flat	22. Neme end Addre	ass of Facility	VIGHNI C	GOFFAIF	FUNT	PAI SER.			
m seesa		1 augh	C Au	my	5151 BALTO.		KE BAI						
		23a. Part1. Enter the discussa, or com shock, or has a failure. List only	plicetions that cause	d tha daeth. Do not	entar the moda of dy	ing, such es cardie	ec or raspiratory a	rrast,		Approximata Intarval Batween			
Physician		Onset and Dea											
/Medical Examiner		Immediata Causa (Finel disaasa or condition rasulting in death)	a. Me	tastah'e	Breast	Corcio	roma			18 mo.			
	-	rasoning in death)		Dua to (or as a cor	nsequence of):								
ted nsit	Examiner		b. ————	Due to (or es e cor	9								
), exacu n and ial-tra	Exar	Sequentially list conditions, if any, laading to immadiete											
68760, ifficete be executed g physicien and as the burial-transit	edical	Sequentially list conditions, if any, laading to immadiete cause. Entar Undarlying Cause (Disaasa or injury that initiated evants	Enter Orderlying Disease or injury aled events  Due to (or es e consequence of):										
2 0 6	-	rasulting In death) Last		200 10 (01 03 0 001	Soquerios ory.								
ords, P.O. Box requires that the death cert een signed by the attendin hould be detached for use	Physician/N		d						-				
O deal	sici	Pert II. Other significant conditions of	ontributing to death b	out not rasulting in th	a undarlying causa gi	van in Part I.	23b. Did	tobacco use co	ntribute to	the cause of death?			
P.O. nat the d by the letacher	Phy						10	Yes 200 No	3 Prob	ably 4 Unknown			
Signer the d	b						6.7% - 200						
cord requir been s	Completed by							an autopsy rmed?	ava	ra autopsy findings ilabla prior to npiation of cause			
Aec e law has b	Jdu								of d	laath?			
The it							10	Yas 28 No	1 🗆	Yas 2□ No			
Division of Vital Records, or Attending Physician: The law requires the after death.  Since the third certificate has been signed in by the turneral director, page 2 should be compared to the control of the turneral director.	Be	25. Wes casa rafarred to medical axaminar?	Hospital:		0*	har.		eth (Check only ona)					
Physeral di	- To	1 ☐ Yas 2 ☐ No 27. Manner of Death	1 L Inpatie	ant 2 ER/Outpa	illant 3L DOA	4 De Nursing	Homa 5 ☐ Rasid	dence 6 Oth		)			
On ding tune	tion	Natural 5 Panding 2 Accident invastigation	28a. Data of Inju (Month, De		ry Wo	rk? ]Yas 2 □ No	2/4						
Atten r des potion by the	Ifica	3 ☐ Suicida 6 ☐ Could not b	a 28e. Pieca of In	jury - At home, term	streat, factory, office		28f. Location (	Street and Numb	er or Rural	Routa Number,			
Danie D	Certification:	4  Homicida	building, et	c. (Specify)	1/4		City or To	vn, Stata)					
JA	Medical	29a. Cartifier 1 Certifying Ph	niner: On the basis o	t axamination and/o	aeth occurred at tha ti r invastigetion, in my	me, dete and plac opinion, death occ	e, and dua to tha curred at tha time,	causa(s) and ma data and placa,	inner es sta and dua to	ated. tha cause(s)			
5 feet	N N	29b. Signatura and title of certifier	and menner st		29c. Licen:	sa number		29d. Data signe	d (Month. F	Day, Year)			
8 4 8 4			111	MD					0.97				
		30. Name and address of source	nompleted assess	tooth (transcar)	no Print)	17780	Honon	4 0.3	0.74				
		30. Nama and addrass of person who					( who a	2121	7				
Sta	ite	31. Data tiled (Month, Day, Year)		ar's Signatura	Limone	mil		61219					
Regist		JUL 0 8 1997	32 Ragistr	n-Aandelle									
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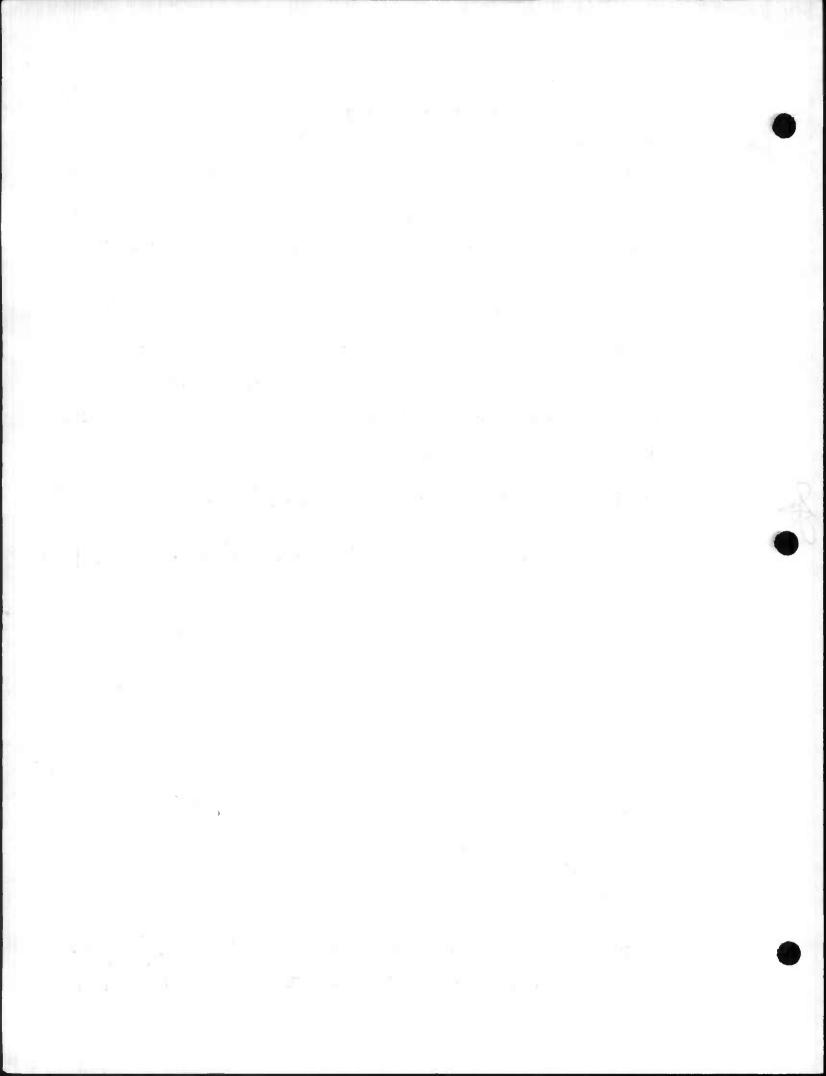
am

			ITEM#28a PER PHYS.				Co			f Health a of Death	and M	lental H	ygiene Reg. No.	97	2044	
	Physici /Medi		1. Decedent's Name (First, Middle, Last)  Elizabeth F. Ga						adson				2. Date of Death Month Day Year June 25, 1997			
7	Examir	ner	4a. Facility Name (If not institution 2129 Ashbu			nber)				4b. City, To		cation of Dee	th 4c. County	of Death		
	Funeral Director		5. Social Security Number 212-26-7137	6. Sex 1 □ N	M 2 <del>Q</del> F	7. Age (In yrs. 7 1	. last birthday) Yrs.	If Und Month	ler 1 Ye s Da		24 Hrs. Min.	8. Date of B	7, 1926	9. Birthp	ace (Stete or Foreign NESSEE	
	Re-f show	ctor		ı/a			ity,Town or Lo								Od. Inside City Limits X	
ind 21215-0020	th with th	Funeral Director	10e. Street end Number 2129 ASHE	BURT	O N S	STREET	Г	10f. 2	ip Cod	21	216		UNITE	What Coun D S	TATES	
	s 1 and 2 should be filed within 72 hours after death with the Merylar of Health end Mentel Hygiene. If Health end Mentel Hygiene. Them 27 is marked other than "natural", or items 23s or 28s-f show than 27 is marked other than "natural".	by Funer	11. Marilel Stetus  1 Never Merried XX Mari		Armed For Armed For XI XI Yes If Yes, Giv Year or Da	2 □ No e	No		as Decedent of Hispanic Origin? (Sp res, specify Cuban, Mexican, Puerto □ Yes 2X□Xio <i>Specify:</i>		gin? (Spe n, Puerto	ecify Yes or N Rican, etc.)	lo- 14. Rac Blac Specify	e - American Indian, ck, White, etc.		
	within 72 ho ene. than "natur	Completed by	15. Deceden (Specify only higher Elementary/Secondery (0-12)						ne during most tired)	luring most of working )			b. Kind of Business/Industry  COPPIN STATE			
Maryland 2	ould be filed with Mentel Hygiene. arked other than atic event, the	To Be Co	17. Father's Name (First, Middle,	Last)						18. Mothe	ALA		de, Malden Suman MOORE	ne)		
	1 and 2 should Health end Men am 27 is marke ther traumatic		19a. Informant's Name/Relations CLARENCE		9, <i>Print)</i> S O N – I	HUS.		ng Addre					ber, City or Town, BALTO.,		^{Code)} 21216	
Baltimore,	Paga nant o int: If		20e. Method of Disposition  1 ∑ Surial 2 □ Cremation  4 □ Donation 5 □ Other (S		moval from S	State	Place of Dispo cemetery, creat GARRIS	ON	F C	Place) DREST	-	Date CEM.	20c. Location - 7 - 1 - 9 7			
Ball	permit. Pag Department Important: If any injury o		21. Signature of Funeral Service	Licensee	2	ara,	22	Name Mar 430		dress of Facilit F/H Wabas		_	Balti	more	2121	
	Physician /Medical Examiner	16	23a. Part1. Enter the disease, or shock, or heart feilure. List Immediate Cause (Final disease or condition resulting in death)	complications only one	ations that cause on ea	ach line.	Oma		t			20	etatu	16-	Approximate Interval Between Onset and Death	
1,092	te be executed ysician and ie buriel-transit	i Examiner	Sequentially list conditions, if any, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury	<b>b</b>		Due to (	or as a consec	quence o	f):							
Box 6876	deeth cartificete b e ettanding physic od for use es the b	/Medical	that initiated events resulting in death) Lest		Due to (or as a consequence of):  d.							1				
P.O.	as that the deeth igned by the ettar be datached for the	/ Physician/M	Part II. Other significent condition	ens contri	buting to de	ath but not res	suiting In the u	nderlying	cause	given in Part I			. /		the cause of death	
Records,	aw requiras is been sign 2 should be	Completed by		1.00									es an autopsy formed?	00 ev	ore autopsy findings allable prior to repletion of cause deeth?	
Vital R	Pag et	0	25. Was case referred to medica							26 Place	of Deat		Yes 2 No	10	Yes 200 No	
>		To B	examiner? 1 ☐ Yes 2 No		26. Place of Deeth (in the spital: 1   Inpatient   2   ER/Outpatient   3   DOA   Other: 4   Nursing Home								sidence 8 □Oth	er (Specify	()	
ion of	ding Ph. After thi funeral	ertification: T	27. Manner of Death  1 Natural 5 Pendir 2 Accident Investig	ation	28a. Dete o (Monti		28b. Time o Injury		28c. l	njury at Work? 1 🗆 Yes 2 🗆			how injury occur			
Division	i Stage	O	3 Suicide 6 Could 4 Homicide									I Route Number,				
	Hospital 24 hours a Funeral C	dicai				sis of examina							e cause(s) and me, dete end place,			

State Registrar

31. Date filed (Month, Day, Year)
JUL 0 8 1997

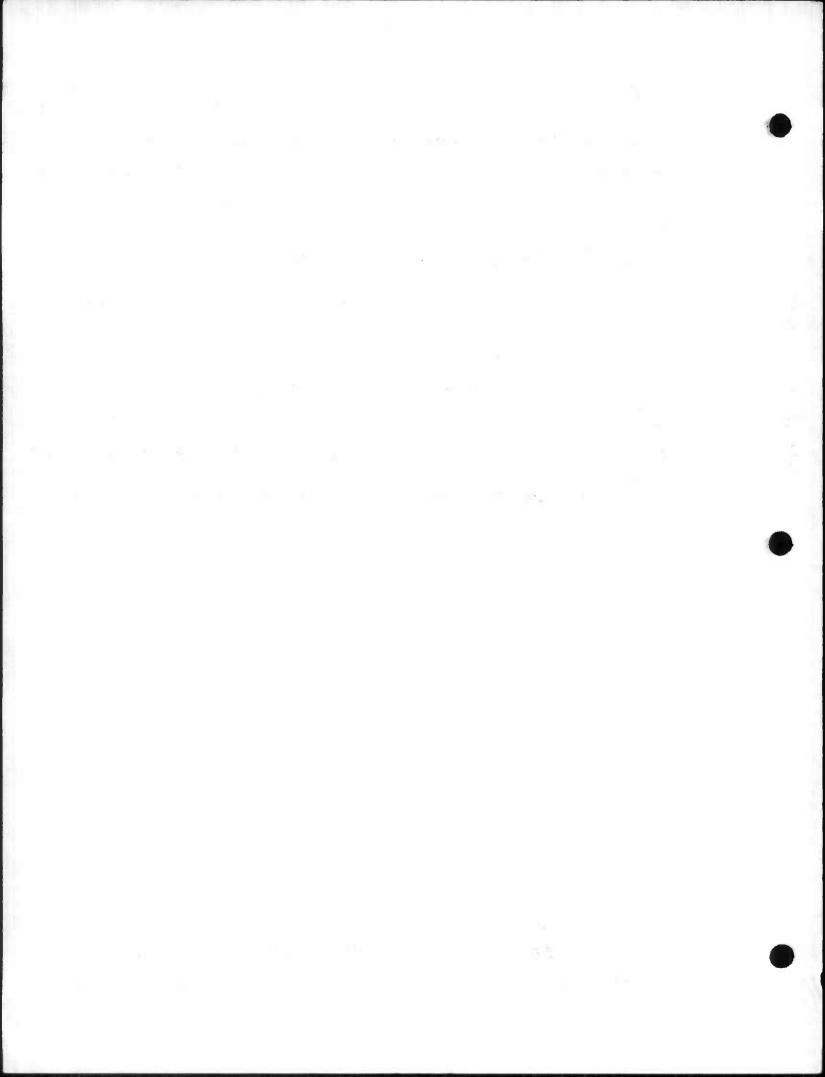
30. Name end address of person who completed cause of death (Item 23a) (Type-Rint)



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** GILLIARD JUNE AMES 1:55 A.M 30 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Examiner DVA MEDICAL CENTER, FORT HOWARD, MD. FORT HOWARD BALTIMORE 7. Age (In yrs. last birthdey) If Under 1 Year | If Under 24 Hrs. 5. Sociel Security Number 8. Dete of Birth Month, Dev. 8/25/ 9. Birthplece (Stete or Foreign Country) HART, GEORGIA **Funeral** Deys Hours 1X M 2□ F 71 256-42-1425 Yrs. Director Usual Residence of Decedent with the Marylend 10a State 10h County 10c. City, Town or Location 10d. Inside City Limits 7 is merked other than "natural", or items 23a or 28a-f show traumatic event, the Medical Examinet must be notified at fimore 12 Yes 2 No Director 10g. Citizen of What Country? 10e. Street end Number 10f. Zip Code 1913 del death Funeral 11. Maritel Stetus Wes Decedent Ever in U,S. Armed Forces? Wes Decedent of Hispanic Origin? (Specify Yes or No If Yes, specify Cuben, Mexican, Puerto Rican, etc.) Rece - American Indien, Bleck, White, etc. 1 X Yes 2 □ No if Yes, Give Yeer or Detes: 1 Never Merried 2 ☐ Married Blac Maryland 21215-0020 1 Yes 2 No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced Completed 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DQ.NOT use retired) 15. Decedent's Education 16b. Kind of Business/Industry (Specify Elementery/Secondary (0-12) College (1-4or 5+) eacher 17. Famer's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Malden Sumeme) Be Pages 1 and 2 should be end Mentel rose 10a Informant's Name/Reletionship (Type, Print) 19b. Melling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) D. GILLIARD 8 ShARROW CT. BALTIMORE, MD 21207 : If itam 27 i ERROL (NE phEW) Baltimore, 20e. Method of Disposition 20b. Plece of Disposition (Neme of cametery, cremetery or other plece) 20c. Location - City or Town, Stete 6 Buriel 2 Cremetion 3 Removel from Stete BALTIO, MARYLAND Important: H any Injury o once. CALTIMORE NATIONAL 4 □ Donetion 5 □ Other (Specify) 22. Neme end Address of Fecility Phillips & 154 21. Signety of Funeral Service Licenses N. Monrae Street - Bretis Md 2127 da 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onset and Deeth **Physician** /Medical Immediate Cause (Finel diseese or condition resulting in death) CONGESTIVE HEART FAILURE 10 Yrs. Examine Due to (or as e consequence of): Examiner ADVANCED COPD attending physician end for use es the buriel-transit The law requires that the deeth certificate be executed Sequentially list conditions, if eny, leeding to immediate cause. Enter Underlying Ceuse (Disease or Injury that initieted events resulting in deeth) Lest Due to (or es e consequença of): CORONARY ARTERY DISEASE Division of Vital Records, P.O. Box 68760. Physician/Medical Due to (or es e consequence of) signed by the aid be detached for Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 ☐ Probably 4 ☐ Unknown URINARY TRACT INFECTION þ 24e. Wes en eutopsy performed? 24b. Were autopsy findings evalleble prior to completion of cause of death? Completed ils certificate has t director, page 2 s 1 ☐ Yes 2 No 1 ☐ Yes 2 ☒ No Hospital or Attending Physician: 24 hours after death. Funeral Director: After this certifica stely filled in by the funeral director, 25. Wes case referred to medical Be 26. Piaca of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 ☑ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28c. Injury at Work? 27. Manner of Death 28e. Dete of Injury (Month, Day Year) 28b. Time of 28d. Describe how Injury occurred 1 Neturel 5 Pending 1 Yes 2 No investigation 2 Accident 3 Sulcide 8 Could not be determined To the Hospital or Atte within 24 hours after de To the Funeral Directo completely filled in by the Location (Street end Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, fectory, offica building, etc. (Specify) 4 Homicide 29e. Certifler Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and placa, and due to the cause(s) and manner as stated. edicai (Check only one) 2 Medical Examiner. On the basis of examinetion end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner steted. 29b. Signeture end title of certifier 29c. License number 29d. Dete signed (Month, Day, Year) D30528 June 30lh 30. Name and eddress of person who completed cause of death (Item 23a) (Type, Print) DUGGIRALA, BALA M.D., 9600 NORTH POINT RD., FORT HOWARD, MD.2105/2 32. Hogistrario Gionaturo Randelle State Registrar

DHMH 16 Rev 6/95

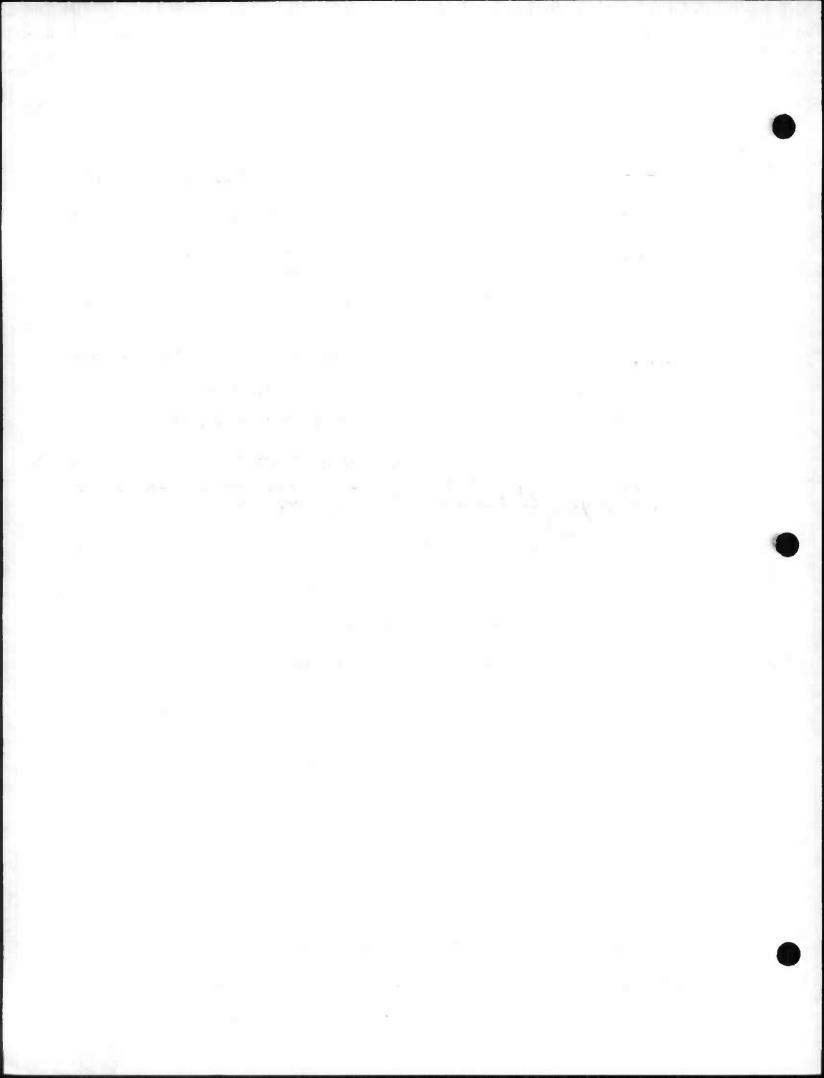


State of Maryland / Department of Health and Mental Hygiene 97 20449

				Ce	rtificate o	f Death		Reg. No.	,	20773	
Physic	ian	1. Decedent's Name (First, Middle, L		V			2. Date of D Month	eeth Day	Yaar	3. Time of Death	
/Med Exam	ical	VINCENT  4a. Facility Name (If not institution, g Saint Joseph	ive street and number)	ILLEASE Center		4b. City, Town, o		th 4c. County		10:56 Ph	
Funera Directo				e (In yrs. lest birthday) 84 Yrs.	If Under 1 Yes Months Day		. (Month, D	irth ey, Year) 26, 1913		placa (Stete or Foreigr ntry) LyLand	
Maryland -f show	tor	10a. State 10b. County Maryland	N/A	10c. City, Town or Lo	ocation	Balt	imore Ci	ty		10d. Inside City Limits  1XX es 2 □ No	
h with the 3a or 28a	al Director	10e. Street and Number 815 South Eaton	Stroot		10f. Zip Code	21224		10g. Citizen of Whet Country? United States			
5-0020 72 hours after death with the Maryland natural", or items 23s or 28s-f show once Examples in the board last at the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second	by Funeral	11. Marital Status  1 Nevar Married 2 Married 3 Widowed 4 Divorced	12. Was Decedent I Armed Forces?	10	Was Decedent o If Yes, specify Cu 1 ☐ Yes 2√ N	f Hispanic Origin? ( uban, Mexican, Pue	Specify Yes or N rto Rican, etc.)		ce - Ameri ck, White,	can Indian,	
21215-0020 d within 72 hours aff giene. In then "netural", or the Medical Experience.	Completed	15. Decedent's (Specify only highast g	rade completed)	(Give	dent's Usual Occ kind of work don DO NOT use reti	supation ne during most of wi	orking	16b. Kind of B	iusiness/in	dustry	
	Be Com	Elementary/Secondery (0-12)  G. E. D.  17. Father's Name (First, Middle, Las	College (1-4or 5	+)	ice Depo	artment	ame (First, Middle		Law Enforcement		
Maryland d 2 should be file th and Mental Hy 7 Is marked othy traumatic event	ToB	James Gillease					einlein				
e, Mar 1 and 2 sho Health and om 27 is me ther traum		19a. Informent's Neme/Relationship (Type, Print)  19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stetter Gillease/ Son  42 Tenby Cowrt Lutherville, MD 21093								) Code)	
Pa Pa		20a. Method of Disposition  1 ABurial 2 Cremetion 3 4 Donation 5 Other (Spec		20b. Place of Dispo cemetery, cres	Cemete	ry 7/8/1			imore	, Maryland	
Balt permit. Departm Importa any inju		21. Signature of Funeral Service Lice	ensae	22	2. Name and Add Duda-Ru	trass of Facility Ck Funera se Ave.	l Home o	of Dunda	lk, 1 222	nc.	
Physician /Medical Examiner purpose as the buriel-transit	Medical Examiner	23a. Part1. Enter the discrete, or conshock, or heart feiture. List only immediate Ceuse (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last	PULMONA a. CONGEST b. PRIOR	ARY EDEMA  Due to (or as a consect  FIVE HEAF  Due to (or as a consect  AYOCARDIA  Due to (or as a consect  AYOCARDIA  Due to (or as a consect  RY ARTERI	quence of): RT FAIL quence of): BL INFA	URE	ac or respiratory i	arrest,	1	Approximeter Interval Between Onset and Death  WEEK  -2 WEEKS  WEEKS - YEARS  YEARS	
P.O. Bothal the desired by the attended for us	Physician/	Pert II. Other significant conditions	contributing to death bu	at not resulting in the u	nderlying cause	given In Part I.	23b. Dld	l tobacco use co	entribute t	o the cause of death?	
IS, P.O es that the igned by the	by Ph	BRONCHOPNEUMON:					RY 1	Yes 20 No	3 ☐ Pro	bably 4 Unknow	
aw requir	Completed	OF PNEUMOTHORA: RENAL FAILURE. BYPASS SURGERY	STATUS P	OST CORO	NARY A	RTERY	24a. Was	s an autopsy ormed?	av	fere eutopsy findings vailable prior to empletion of cause deeth?	
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of Vital Physician: The this certificate ral director, pa	To Be	25. Was case referred to medical axaminer?  1 □ Yas 2X No	Hospital:	nt 2 ☐ ER/Outpatier	nt 3 DOA	Other:	eath <i>(Check</i> on <i>ly</i> Home 5 ☐ Res		ner /Snecii	60	
Vision Attending or death. ector: After	Certification: T	27. Manner of Deeth  1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not determined	28a. Date of Injur (Month, De)	y Yeer) 28b. Time of Injury	M 1	jury at York? □ Yes 2 □ No	28d. Describe	how injury occur	rred	al Route Number,	
Di To the Hospital or Milhin 24 hours afte To the Funeral Dir Competely litted in	edical C	29a. Certifier (Check only one) 1 CertifyIng P 2 Medical Exa	hysician: To the best o miner: On the basis of end menner ste	exemination end/or in	n occurred et the vestigation, in my	time, date end pled y opinion, deeth occ	e, end due to the curred et the time	ceuse(s) and m	enner as s and due to	iteted. o the cause(s)	
To the within To the	Me	29b, Signature and title of settler			1	nse number		29d. Date signe		Dey, Year)	
10		30. Marrie and eddress of person who		eath (Item 23e) (Type, 7620 YORK		TOWSON	, MARYL				
St Regist	ate rar	31. Date filed (Month, Day, Yeer)	32. Registra	r's Signature Savidson-Randi	20						

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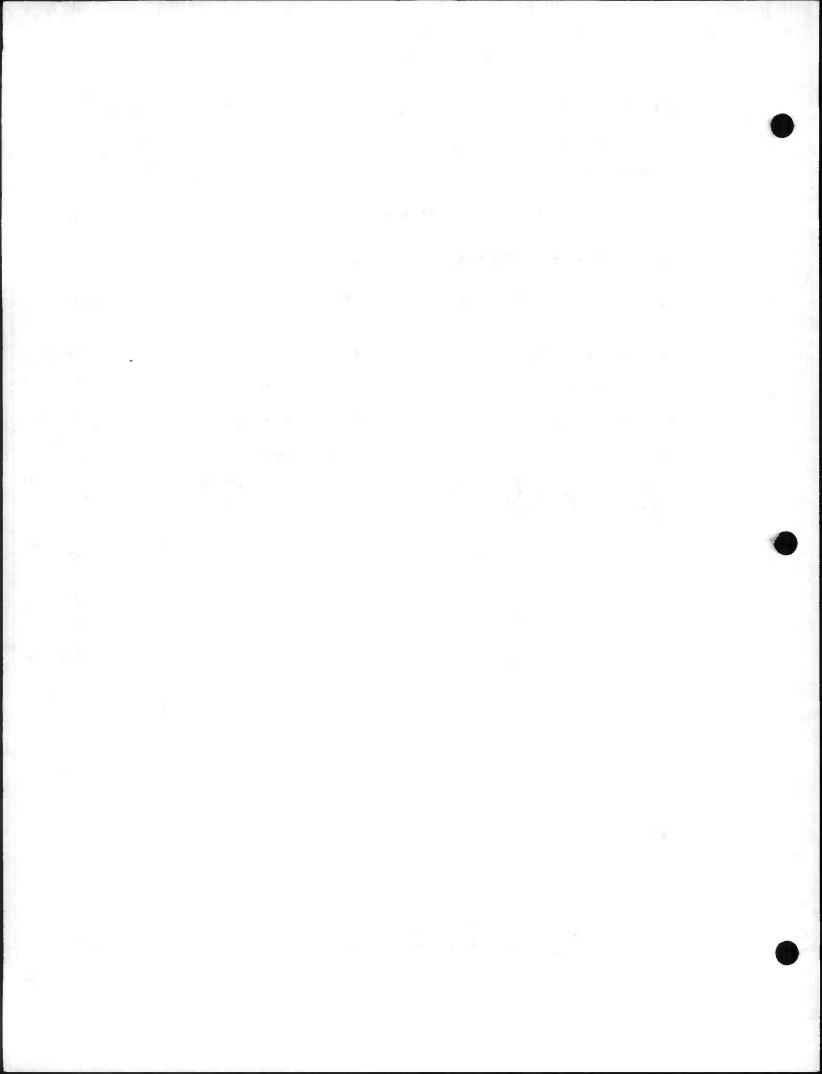


Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Deeth **Physician** Month Year Hood SR. John W. JULY 4, 1997 09:40 /Medical AM 4a. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner NA THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 5. Sociel Security Number If Under 1 Year If Under 24 Hrs. 6. Sax 7. Age (In yrs. lest birthday) **Funeral**  Birthplace (State or Foreign Country) **1** M 2 □ F Days Months 248-24-1377 Yrs. SC Director 12-12-21 Usual Residence of Decedent the Meryland 10a. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Madical Examiner must be notified at MD Baltimore NA Director 1 Xes 2 □ No 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? Funerai 12 South Decker Avenue 21224 USA 12. Was Decedent Ever in U.S. Armed Forces? Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1. Yes 2□No If Yes, Give Yeer or Dates: Army Baltimore, Maryland 21215-0020 1 ☐ Yes 20No þ Specify: 3 ₩ Widowed 4 Divorced Black Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usual Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 7th Grade Laborer Sherman Williams 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Surneme) mit. Peges 1 end 2 should be fili pertment of Health end Mental Hy portant: If item 27 is marked oth y injury or other traumatic even Be Hood, Hannah Sr. Herbert 19e. Informant's Name/Relationship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 12 S. Decker Avenue Baltimore, Md. 21224 Sharon Brickus 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, cremetory or other plece) 20c. Location - City or Town, Stete Md . 1 ☐ Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) permit. Pege Depertment of Important: If any injury or 07-09-97 Cedar Hill Cem. Anne Arundel Co, 21. Signature of Funeral Service Licensee 22. Name and Address of Facility Baltimore, Maryland 21202 WM.C. March FH 1101 E. North Avenue 21a. Part. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, hock, or hear failure. List only one cause on each line. **Physician** /Medical Immediate Ceuse (Final disease or condition resulting in death) Examiner Due to (or as a consequence of): Examiner ple myeloma requires that the death certificata be executed buriel-transit Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting in death) Last and attanding physician for use es the burie Box 68760. Physician/Medical Renal Part II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. Records, P.O. 23b. Did tobacco use contributa to the cause of death? 2 XNO 1 Yes 3 ☐ Probably 4 ☐ Unknown by 24b. Were eutopsy findings evallable prior to completion of cause of death? Completed 24a. Was an autopsy performed? peen page 2 s certificate Division of Vital Hospital or Attending Physician: 24 hours effer deeth. Funeral Director: After this certifica 25. Was case referred to medical Be 26. Place of Deeth (Check only one) evaminer? 2 Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 28c. Injury et Work? 27. Menger of Deeth 28d. Describe how Injury occurred Certification: 28b. Time of 1. Natural 5 Pending 1 Yes 2 No Investigation 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Place of Injury - At home, farm, street, fectory, office building, etc. (Specify) á 4 - Homicide • Funeral 29a. Certifier 🔀 Cartifying Phyalcian: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner es stated. Medicai 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred et the time, date and place, and due to the cause(s) end manner stated. within 2 29d. Dete signed (Month, Day, Year) 29c. License number July 4, 1997 30. Name and address of person who completed cause of death (Item 23e) (Type, Print) Johns Hopkins Hospital Baltimore MD 21287 R. Schotield mD

State Registrar 31. Dete filed (Month, Dey, Year) 32. Registrer's Signeture chia Muridson-Randale JUL 08 1997

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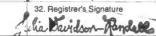


State of Maryland / Department of Health and Mental Hygiene

20451

						Certificate	of Death		Reg. No.		
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	edica	1	William D.	Hugl	nes			July	7 19	997	8:00 PM
Exa	mine	r	4a. Facility Nama (If not institution, giv Genesis Elder Car		reen		4b. City, Town, or Balt	Location of Daath	4c. County	of Death	'a
Fune Direct			5. Social Sacurity Number 6. 5		a (In yrs. last bi 58		aar If Undar 24 Hrs ays Hours Min.	8. Data of Bird (Month, De NOV • 2	4, 1938		place (Stata or Foreign http) Yland
Maryland a-f show	Na Page	Tor	Usual Rasidanca of Decadant  10a. Stete 10b. County  Maryland n/a		10c. City, Tov	vn or Location	ltimore			1	0d. Insida City Limits 1 Yas 2 □ No
th with the 23s or 28s		ai Director	10e. Street and Number 2730 St. Paul St.			10f. Zip Cod	^{da} 21218		10g. Citizen of V United		
Maryland 21215-0020 d 2 should be filed within 72 hours effer death with the Maryland th and Mental Hygiene. The marked other than 'natural', or items 23a or 28e-1 show traunstic event.		by Funeral	11. Marital Status  1 □ Navar Marriad 2 □ Married  3 □ Widowed 4 ፟ Divorced	12. Was Dacedant I Armed Forcas? 1 M Yas 2 N If Yas, Giva Yaar or Datas:		13. Was Dacedant If Yas, specify (	of Hispanic Orlgin? (S Cuban, Maxican, Puan No <i>Specify:</i>	Specify Yas or No to Rican, atc.)	- 14. Rac Blac Specify	ck, Whita,	ean Indian, atc. White
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			David B. Hughes		1	Meiling Addrass (St. 412 Dartmo	uth Ave.,	Baltimo	re, MD	212	34
Baltimore, permit. Pages 1 er Department of Heal Important: If Item; any Inlury or other			20a. Mathod of Disposition  1 ☐ Burial 2 M Cramation 3 ☐  4 ☐ Donation 5 ☐ Other (Specif.	y)	camate	of Disposition (Nama of Disposition (Nama of Disposition), cramatory or other Mount Cre	matory 7	Data /9/97	Baltir		
Ball permit. Depart Import	once.		21. Signature of Funach Service Ligar	mann		8717 Gre	phen D. Lo en Pasture	es Dr., I	Baltimo	ce, M	
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Division o  To the Hospital or Attending Ph within 24 hours after death. To the Funeral Director: After th completely filled in by the funeral	Oleolog		29a. Certifier (Check only 2 Medical Exam	ysician: To the best o niner: On tha basis of and mannar sta	exemination er	a, death occurred at the	a time, date and place ny opinion, death occu	e, and dua to that urred at tha tima,	cause(s) and ma dete and place,	anner es s and due to	teted. o tha cause(s)
To th To th		(	296. Signature and title of certifier	) Medi	cae Art		D1718		29d. Data signa 7(8/9		Day, Yaar)
13.	X }		TA 1	complated cause of de	eath (Itam 23e)	(Type, Print)	at Rd Sm	Te 203	21208		
	State istrai		31. Date filed (Month, Day, Year)  JUL 0 8 1997	32. Registra	r's Signatura	lelle					

		1. Decedent's Name (First, Middle					Death	2. Dete of De			3. Time of Deeth
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Funeral Director	_	5. Sociel Security Number		ge (In yrs. last bir		der 1 Year	BALTIMER  If Under 24 Hrs.  Hours Min.	8. Date of Bird (Month, Da	y, Year)	Cour	lace (State or Foreitry)
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72 nours after death with the Maryland naturel', or items 23s or 28s-f show	ctor	MARYLAND n	/a	BALTIN	noRE						1 <b>■</b> Yes 2 □ N
Nor 28	Director	10e. Street end Number			10f.	Zip Code			10g. Citizen of		ntry?
ne 23e	Funeral	5305 BELLEVII	12. Was Decedent	t Ever in U.S.	13. Was De	212		cify Yes or No		ce - Americ	an Indian
or item		1 ■Never Married 2 Marrie	Armed Forces	?		pecify Cube	lispanic Origin? (Spe en, Mexican, Puerto i Specific:	Rican, etc.)		ck, White,	etc.
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= 0	Physician/Medical	Part II. Other significant condition	s contributing to death t	out not resulting Ir	n the underlyin	g cause giv	en in Part I.	23b. Did	lobacco usa c	ontribute to	the causa of deat
the a	/ Ph)	congenital	Syphilis					10	Yes 2 No	3 Prol	bably 4 Unkno
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State of Maryland / Department of Health and Mental Hygiene

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Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Deeth **Physician** Francis Thomas **HENDERSON** July 1, 1997 1:55 P.M. /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Deeth Examiner Franklin Square Hospital Center Rosedale Baltimore If Under 1 Year If Under 24 Hrs. Hours Min. 5. Sociel Security Number 8. Dete of Birth (Month, Day, 7. Age (In yrs. lest birthday) Birthplece (Stete or Foreign Country) **Funeral** 1 X M 2 □ F Months Deys Yrs. 219-26-4363 Director 58 April 13,1939 Maryland Usuel Residence of Decedent the Marylend 10e. Stete 10b. County 10c. City, Town or Location 10d. Inside City Limits 7 is marked other than "natural", or itams 23a or 28a-f show traumstic event, the Mod cal Exampler must be notified at 1 ☐ Yes 2 No Director Maryland Baltimore Perry Hall 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? with 8623 Jessica Lane 21128 U.S.A. death Funeral 12. Wes Decedent Ever in U,S. Armed Forces? 13. Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11 Maritel Status 14. Race - American Indian, Bleck. White, etc. 2 should be filed within 72 hours efter end Mental Hygiene. Is marked other than "natural", or its IXYes 2 ☐ No f Yes, Give 1 ☐ Never Married 2 X Married Saltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No Specify: White 2 3 ☐ Widowed 4 ☐ Divorced Year or Detes: Completed 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry 16a. Decedent's Usuei Occupation (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) Sales Manager 12th grade Retail 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Francis Х. Henderson Myrtle Horsman 19e. informent's Neme/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rurel Route Number, City or Town, Stete, Zip Code) permit. Pages 1 end 2 st Department of Health end Important: If item 27 is m any injury or other traum Judith A. Henderson (wife) 8623 Jessica Lane, Perry Hall, MD 21128 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20e. Method of Disposition 20c. Location - City or Town, Stete Dete 1 X Burial 2 ☐ Cremetion 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify) St. Joseph Church Cem. 7/5/97 Baltimore, Maryland 21. Signature of Funeral Service Licensee 22. Name and Address of Fecility Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236 23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one ceuse on each line. Approximete intervel Between Onset and Deeth **Physician** /Medicai Immediate Ceuse (Finel disease or condition resulting in deeth) 6 minutes e. Hypoxemia Examiner Due to (or es e consequence of) Examiner 4 years Lung cancer Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequença of): Physician/Medical Due to (or es e consequenca of): Pert ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contribute to the cause of death? tx Yes 2 No 3 Probably 4 Unknown Division of Vital Records. þ 24b. Were eutopsy findings eveileble prior to completion of ceuse of death? Completed 24a. Wes en eutopsy performed' 2 No 1 Yes 1 ☐ Yes 2 ☐ No 25. Wes case referred to medical exeminer? Be 26. Piece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 2 1 Yes 2₺ No 1X inpatient 2 ER/Outpetient 3 DOA funeral 28e. Date of injury (Month, Dey Year) 27. Manner of Deeth 28b. Time of injury 28c. Injury et Work? 28d. Describe how injury occurred Certification: ofter death.

Director: After After 5 Pending 1 Tyes 2 No investigetion 2 Accident 6 Could not be determined 3 Suicide 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 28e. Plece of Injury - At home, ferm, street, factory, office building, etc. (Specify) completely filled in by 4 Homicide To the Hospital of within 24 hours of To the Funeral D 29e. Certifie Medical 155 Certifying Physicien: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(s) and manner as stated. (Check only one) 2 Medical Examiner: On the basis of examinetion end/or investigetion, in my opinion, deeth occurred at the time, date end piece, end due to the ceuse(s) end menner stated. 29b. Signeture end title of cogilfier 29c. License number 29d. Dete signed (Month, Dey, Yeer) 12+1 July 1, 1997 R D 1926 30. Name end eddress of person who completed cause of deeth (Item 23a) (Type, Print) Dr. John Kim 9000 Franklin Square Dr. Baltimore, Maryland 21237 31. Dete filed (Month, Dey, Year) 32. Registrer's Signature

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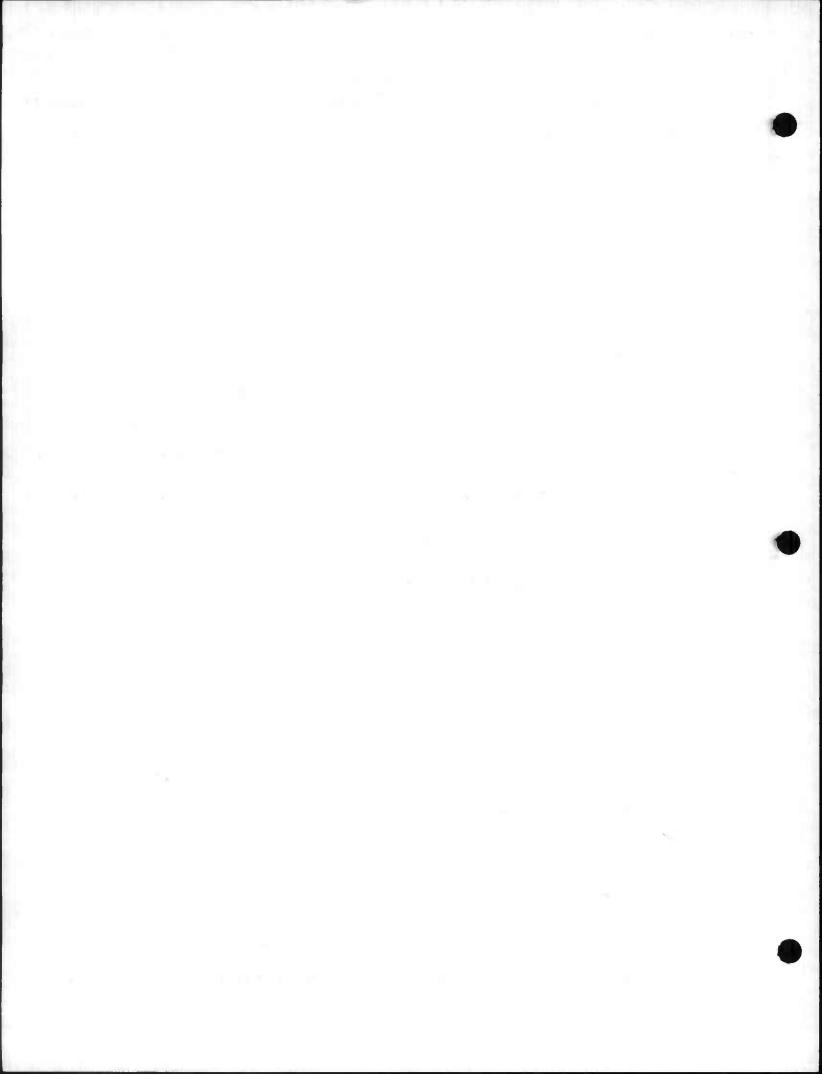
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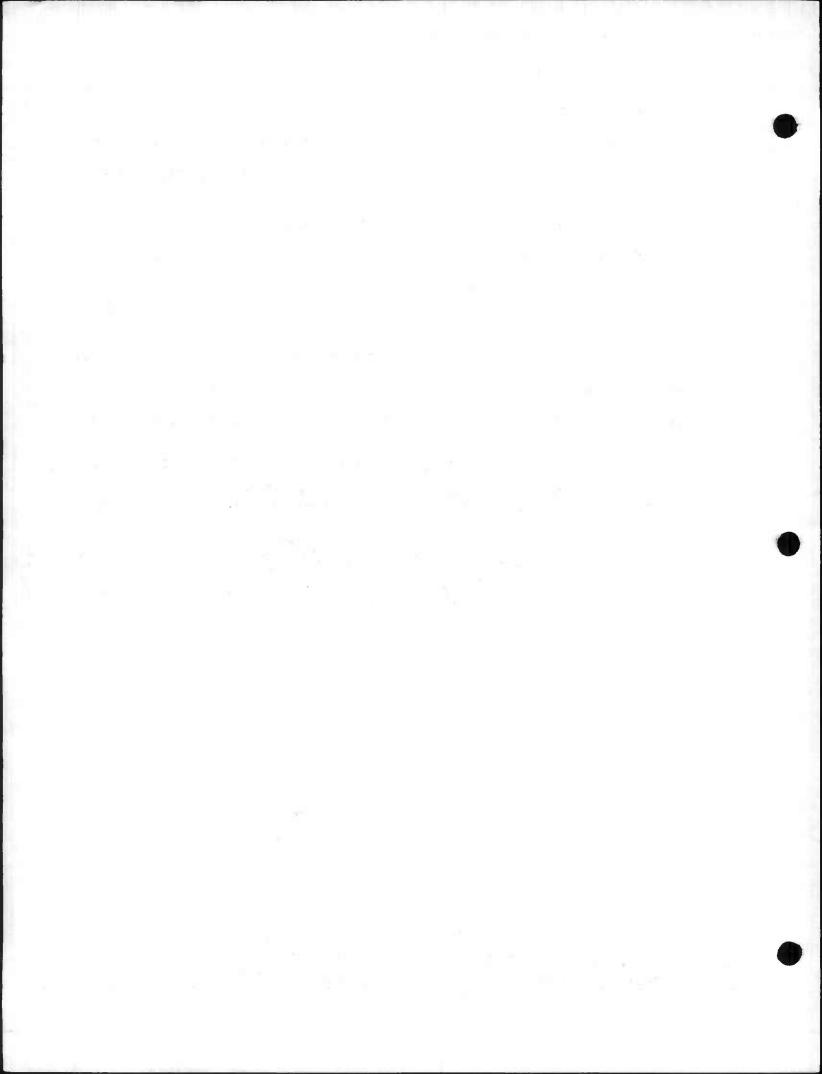
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x Attending Physiter death. Irector: After this n by the funeral di	Certification: To	1 Yes 2 No  27. Mennar of Deeth 1 Neturel 5 Pending 2 Accident Investigs 3 Suicide 6 Could no 4 Homicide	28e. Date of (Month) ation of be 28e. Place		Outpatient  b. Time of Injury  o, farm, stre	28c.		4 🗆 140	No	me 5 Reside 28d. Describe ho 28f. Location (St City or Town	ow injury o	occurred		ΘΓ,
To the Hospital or Att within 24 hours after of To the Funeral Direct completely filled in by	edical Ce	29a. Certifier 1 Certifying (Check only one)	Physician: To the xaminer: On the ba	isis of examinetion	dge, deeth end/or inve	occurred et tl estigation, in	ne tin	ne, dete en pinion, deal	d plece, th occurr	end due to the co	euse(s) en ate end pl	nd menner es ste lece, end due to	eted. the ceuse(s)	
within To the	Me	29b. Signature and title of cartifler	Lachton	)		29c. Li	icense	e number	- M	$\bigcirc$ $\bigcirc$ $\bigcirc$ $\bigcirc$	9d. Date s	signed (Month, D	Dey, Yeer)	
5	1	30. Neme end eddress of person w	RN, D.O.	, 9512	HARF		ROF	AD, F	ARK	VILLE,	MAR	RYLAND	21234	ŀ
S Regis	tate strar	31. Dete filed (Month, Day, Yeer)	Saute Saute	doistreed Right and	2									



State of Maryland / Department of Health and Mental Hygiene 9.7

						Cei	rtificat	e of	Death			Reg. No.	21	20400
			1. Decedent'e Name (First, Mide	dle, Last)							2. Date of D	eeth		3. Time of Deeth
	Physic		Joseph M. Haue	r							Month Ju1v	2 Dey	997	10: 45 PM
١.	/Medi		4a. Factity Name (If not instituti		nber)				4b. Cltv. To	own, or L	ocation of Dea		ounty of Dea	
а	Exami	ner	Manor Care Ros						Rossvi			-	1timo	
Н		_	5. Social Security Number		7 Age //e ym lee	e friethelmal	If Under				D Date of D			
	Funeral			1 1 M 2 □ F	7. Age (In yrs. las	Yrs.	Months	Days	Hours	Min.	8. Date of B	lav. Year)	C	thplace (State or Foreign ountry)
	Director		212-10-1569 Usuel Residence of Decedent	,	98						Aug 10	1898	Ma	ryland
	Pue *		10e. State 10b. Count	v	10c. City, 7	Town or Lo	cation							10d. Inside City Limits
	a sh	ă		,										1 ☐ Yas 2 ☐ No
	Ne Ne Ne Ne Ne Ne Ne Ne Ne Ne Ne Ne Ne N	ect.	Md Balt:	lmore	Bal	timo	re Co		rylar	nd				
	E &	Director	10e. Street and Number				10f. Zip	Code				10g. Citizer	of What C	ountry?
	23 P	4	3516 New Secti	lon Road			212	20				U.S.	Α.	
	d within 72 hours efter deeth with the Maryland jiene. I than "naturat", or itema 23a or 28a-f show the Medical Examiner must be notified at	Funerai	11. Maritel Status	12. Was Dece	dent Ever in U,S.	13.	Was Deced	ent of F	lispenic Or	igin? (Sp	Rican, etc.)	lo- 14.	Race - Ame Bleck, Whi	erican Indian,
0	or it	II.	1 Never Married 2 Ma	rried 1 ☐ Yes	2 1√10		1□ Yes 2				, , , , , , , , , , , , , , , , , , , ,			10, 410.
8	ours	l by	3  Widowed 4 □ Divorce	d Yaar or Da			103 2	LLDANO	орвену.			SE	ecify: Wh	ite
5-0	72 h	Completed	15. Decede	nt's Education est grade completed)	1	6e. Dece	dent's Usue	Occup	etion	t of work	daa	16b. Kind	of Businass	/Industry
2	C .	de	Elementery/Secondary (0-12)		-4or 5+)	life.	kind of wor DO NOT us	e retire	d)	SI OI WOIK	ang			
2	e filed withing Hygiene. other than vent, the M	5	8th	N/A		В	rewer	y Wo	rker			Br	ewery	Co.
pu	e filed al Hygir other vent, il	Be (	17. Fether's Neme (First, Middle	, Last)					18. Mothe	er's Nam	e (First, Middl	e, Me <i>id</i> en Su	mame)	
<u>a</u>	should by and Mente marked imatic sy	To	Joseph J. Haue	er					Lau	ıra V	V. Mari	ne		
Maryland 21215-0020	2 should be and Mentel Is marked of summatic svs	-	19e. Informent's Neme/Retetion	ship (Type, Pnint)		19b. Mailir	ng Address	(Street	end Numb	er or Rur	al Route Num	ber, City or To	own, State,	Zip Code)
Σ	C1 = 1 = 1		Doris M. Sliv	rey		35	03 W	oodr	ing A	Ave.	Baltin	ore, N	id. 2	1234
Baltimore,	s 1 and 2 of Health item 27 i		20e. Method of Disposition		20b. Plac	a of Dispo	sition (Nam	ne of			Date	20c. Locat	lon - City or	Town, Stata
00	permit. Peges Department of I Important: If ite any injury or or once.		1 ☑ Burlel 2 ☐ Cremetion		State	etery, crer	netory or o	ther plac	ca)	i				
E.	rtme rtani		4 Donetion 5 Other (		Gard		of Fa				/7/97	Balt	imore	Co. Md.
39	permit. P Departme Importan any Injur		21. Signature of Funeral Service	Licensee			Name and				neral H	Iomo		
_	EU = # 0		bay	D(X)	nek			-			Baltimo		1 212	3/1
			23a. Part1/Enter the disease, of shock, or heart feilure. Lis	r complications that ca	used the death.	Do not ent	er tha mode	a of dyir	ng, such as	cardiac	or raspiratory	arrest,	4-4	Approximete Intervel Between
4	Physician			. only one subset on ou			Λ	-	- 41					Onset end Deeth
į.	/Medical		Immediete Ceuse (Final diseese or condition	Se	10000	M	rella	111	S.T.					2 March
	Examiner		resulting in deeth)	a	Due to for a	1 1	CULY	un	Jun	S	-			3 1 10nh
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	petr	늍		b	tecur	oly	(4)	_/Y\	MOG	Way	na			minte
	and and	Examiner	Sequentially tist conditions, if any, leading to immediate		Due to (or as	a congreq	uenes or);							
9	be be	a	cause. Enter Underlying Ceuse (Diseese or Injury thet initiated events	c										1
68760,	ertificate be executed Jing physician and se es the buriel-transit	edical	rasulting in death) Lest		Due to (or es	e conseq	uence of):							
×	eath certificete be executed ettending physician and for use es the buriel-transit	₹		d										
Bo	death e etten ed for u	Physician												
0	thet the death led by the etter detached for o	ysic	Pert II. Other significant conditi	one contributing to dea	ath but not resulting	ng in the ur	nderlying ca	ause giv	en in Pert I	l.	23b. Did	tobacco us	e contribute	to the cause of death?
<u>.</u>	thet the ed by detac	Ph									10	Yes 2	No 3 P	robably 42 Unknow
Ś	8 5 2	by		-										
Record	v requires been sign should be	Completed										s en eutopsy formed?	24b.	Were sutopsy findings avellabla prior to
ပ္ထ	- LI (7)	pie									por	ioiiiio <u>d</u> :		completion of cause of deeth?
æ	0 - 0	E									1	Voc office	lo	
Vital	in: The		25. Was case referred to medical									Yes 2	10	1 ☐ Yes 2/2 No
5	그 문화	Be C	examiner?	Hospitel:				Oth	or a		h (Check only			
Division of	Phys.	To To	1 ☐ Yes 2 No 27. Menner of Death	28a. Dete of	patient 2 ER	Outpetien b. Time of		A	4 PECNI	ursing Ho	me 5 ☐ Res 26d. Describe			icity)
E	After Lune	lo	1 ☑Natural 5 ☐ Pendi	ng (Month	, Day Year)	Injury		Bc. Injur Wor		_	200. Describe	now undry o	ccurred	
S		cat	2 Accident Invest 3 Suicide 6 Could	igatton			М		Yas 2	NO				
≧	or Atten after deat Director:	Certification:		nined 286. Piece o	of Injury - At home g, etc. (Specify)	, farm, str	eet, factory	, office			28f. Location City or To	(Street and Nown, Stata)	iumber or R	ural Route Number,
	Hospital 4 hours Funeral taly tilled	edicai	29a. Certifier 12 Certifyi	ng Phyeicisn: To the b Examiner: On the bas	est of my knowle	dge, death	occurred e	et the tin	ne, dete an	d plece,	and due to the	e cause(s) en	d menner e	s steted.
-	2 5 2 5	8	one)	and menne	er stated.	arrayor mis	reatigetion,	uriny o	pinion, dec	our occur	red et trie time	, dete and pre	oce, and do	1 (0 the cause(s)
	19 100	Σ	29b. Signature end title of certific	er / ,/ )	Vh		£9c.	. Licens	e number			29d. Data s	igned (Mon	th, Day, Year)
1	A)		MAN	1-01	17/		117	16	7.7	Z	(	7-	- 5-	47
-	10		30, Neme and address of person	who completed cause	of deeth (Item 23	le) (Type	Print\	7	_ /		7			97
-	-5		AYMANIA	/ VA	ZLA		-//	NV	CLAD	-	0.11	1 N	11	71704
	- 0		31. Dete filed (Month, Day, Year	777	T 6 00 gistrer's Stgneture		Kor	NI	100		UWSI		101	61204
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	3.0.		- 100/		1									

DHMH 16 Rev 6/95



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Date of Death 3. Time of Death 55 PM **Physician** E January Charles 4b. City, Town, or Location of Deeth /Medical 4a. Facility Name (If not institution, give street and number) 4c. County of Death **Examiner** Essex 1822 KITTY HAWK Rd Baltimore 5. Social Security Number 7. Age (In yrs. last birthday) If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) **Funeral**  Birthplace (State or Foreign Country) Days Months Hours 1⊠M 2□ F 62 213-32-1755 Yrs Director June 8, 1935 Maryland Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Locetion 28a-f show 10d. Inside City Limits 7 is merked other than "natural", or items 23a or 28a-f shov traumatic event, the Modical Examinating the notified at Director 1 ☐ Yes 2 No MD. Baltimore ESSEX 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? 1822 KITTY HAWK Rd 21221 death Funeral USA 12. Was Decedent Ever In U,S. Armed Forces? 13. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexicen, Puerto Rican, etc.) 11. Meritel Status 14. Raca - American Indien, permit. Pages 1 and 2 should be filed within 72 hours after of Department of Health and Mental hygiene. Important: if them 27 is merked other than "natural", or iten any injury or other traumatic event, the Medical Evan Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 X No If Yes, Give Year or Detes: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🗷 No by 3 ☐ Widowed 4 🅱 Divorced WHITE Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementery/Secondary (0-12) College (1-4or 5+) TRUCK DRIVER DELIVERY 10 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) Be George H. January Anna E. BROOKS 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informent's Neme/Relationship (Type, Print) 9216 Nottingwood Rd MICHAEL JANUARY SON Balto, Mp. 21237 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, Stete Date 1 Burial 2 Cremation 3 Removal from State JULY 7 4 □ Donation 5 □ Other (Specify) 1997 Gardens of FAITH Cemetery Baltimore, Md 21. Signature of Funeral Service Licensee 22. Name and Address of Facility 23a. Part. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart failure. List only one cause on each line. 8800 Harford Rd. Balto Md. 21234 Approximate Interval Between Onset end Death **Physician** /Medical Immediate Ceuse (Final arcinoma disease or condition resulting in death) 500 49 Cd Examiner Due to (or as a consequence of): Examiner Sequentielly list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Lest Bnd Due to (or as a consequence of): The law requires that the death certificate be exec P.O. Box 68760. Physician/Medical 2 Due to (or as a consequence of) ä attending Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown Records, by 90 Completed page 2 should 24a. Was en eutopsy performed? 24b. Were autopsy findings available prior to completion of ceuse of death? Pes this certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital Be 25. Was case referred to medical 28. Place of Death (Check only one) Other: 4☐ Nursing Home 5 \$ Residence 8 ☐ Other (Specify) 2 1 Yes 2 No 1 Inpatient 2 ER/Outpatient 3 DOA 28a. Dete of Injury (Month, Day Year) Certification: 27. Menner of Deeth 28b. Time of 28c. Injury at Work? 28d. Describe how injury occurred Affisi Attending 5 Pending Investigation 1 Naturel 1 Yes 2 No 2 Accident after death 3 Sulcide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) B 4 Homicide 8 To the Hospital within 24 hours a To the Funeral C 1 Cartifying Physician: To the best of my knowledge, death occurred et the time, date and piece, end due to the cause(s) end manner as stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, death occurred at the time, dete and place, end due to the cause(s) and manner stated. Medical 29a, Certifie (Check only one) 29b. Signature and title of pertifie 9c. License number 29d. Dete signed (Month, Day, Year) 30. Name and padress of person who completed cause of death (Item 23e) (Type, Print) DR. Robert G. Knodell 7401 Osler Dr. Towson, Md

Registrar

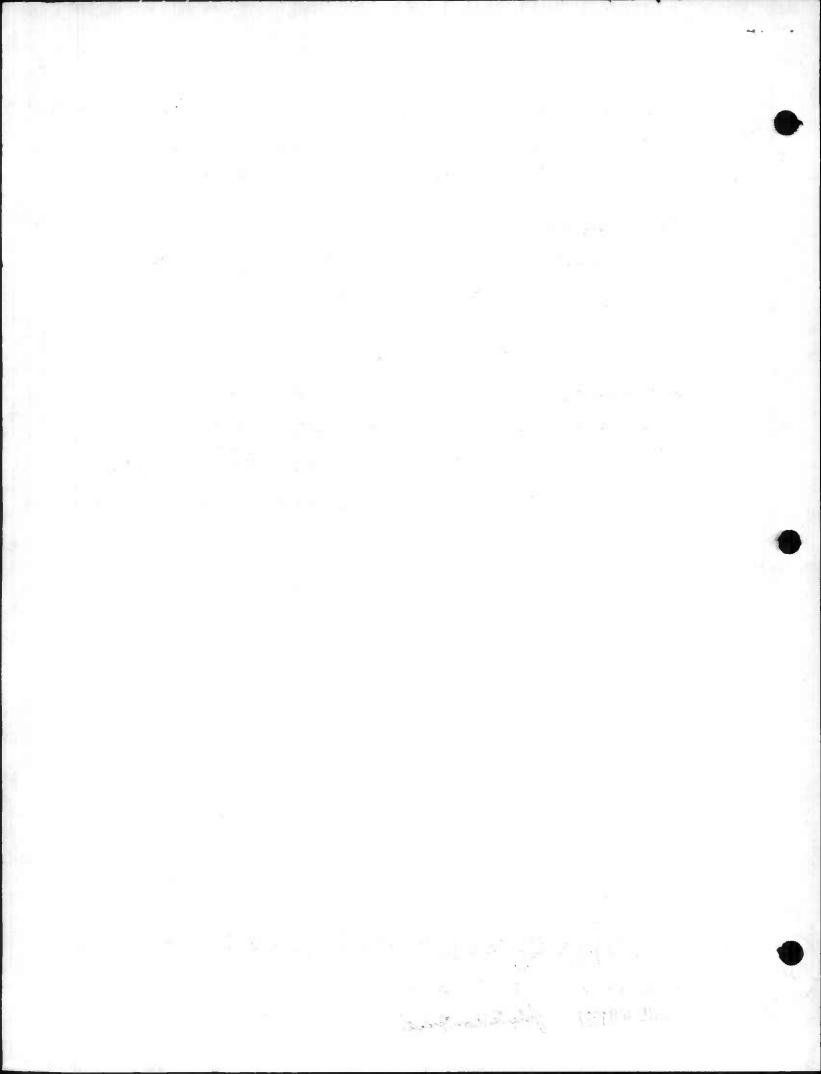
State

JUL 0 8 1997

31. Date filed (Month, Day, Year)

**DHMH 16 Rev 6/95** 

32. Registrar's Signature Lulia Dividson Bondon



State of Maryland / Department of Health and Mental Hygiene 9

20457

								Cer	tificate	of	Death			Reg. N	lo.	1	U	701
			1. Decedent's Neme (First, Mi	ddle, Las	t)								2. Dete of D	eeth		V	3. Tir	ne of Deeth
	Physici		Joseph John Je	romi	in								July (	ງ3, ້	Î997	Yeer	4	:00 PM
A. C.	/Medi Examir		4e. Fecility Neme (ff not institu			umber)					4b. City, To	wn, or Lo	cation of Dee		c. County	of Death		
	EAGIIIII		Randallstown (	enes	sis Eld	lercar	e Nur	sin	r Cent	t.	Randa	alls	town		Balt	imore	2 00	
	Funeral Director		5. Social Security Number 215–09–4115	6. Se		7. Age (fn)	yrs. lest birt		If Under 1	100	If Under Hours	24 Hrs. Min.	8. Date of B (Month, D Mar	irth Dey, Yeer 25 - 1	917	9. Birthp Cour Balti	elece (St entry) MOT	tate or Foreign
L.			Usual Residence of Decedent					-										
	ehow		10e. Stete 10b. Cou	nty		10c.	. City, Town	or Loc	ation							1		de City Limits
	a Ma	cto	Maryland	N/Z	A	В	altim	ore	_								15	Yes 2□No
1	with the Maryland a or 28a-f show be notified at	Director	10e. Street end Number						10f. Zip C					10g. C	itizen of \	Whet Cour	ntry?	
	23.0	rai	2104 Westfield	Ave	∍.				212	14				Uni	ted	State	S	
21215-0020	/z nours artar death natural', or itema 23 pical Examiner musi	by Funeral	11. Marital Status  1 Never Merried 2000 3 Widowed 4 Divorce		tf Yes. G	orc <i>e</i> s? 2 ☐ No		lf lf	Vas Decede Yes, specif ☐ Yes 2	y Cub	lispenic Ori en, Mexicar Specify:	gin? (Sp i, Puerto	ecify Yes or N Rican, etc.)	lo-	Ble	ce - A <i>me</i> rio ck, White, y: Whi	etc.	90,
9-0-0	atura	Pe	15. Deced		ucetion			Deced	ent's Usuel	Occup	etion			16b.	Kind of B	usiness/in	dustry	
218	5 3	Completed	(Specify only hig Elementery/Secondery (0-1)	-	-	) (1-4or 5+)	-	life. D	ond of work ONOT use	done retire	during mos d)	t of work	in <i>g</i>	M	anuf	actur	er/	
2	D Co. b.	No.	12					Pi	pe Fi	tte	r			L	ever	Bros	5.	
Pu	D = 0 5	Be (	17. Fether's Name (First, Midd	le, Last)							18. Mothe	er's Nam	e (First, Middle	e, Maide	n Sumen	ne)		
Va		2	Felix Jeromin								Anna	Bar	bara R	utko	wski			
-	alth and 27 is m		19a. Intorment's Neme/Reletto			Daught							pt.#11					21208
ore,			20a. Method ot Disposition				b. Plece of	Dispos	ition (Neme	e of	ce)		Dete	20c. I	Location -	City or To	own, Ste	rte
mi a	nant o		Donetion 5 Other			Stete						y 7	/07/97	Dun	dalk	, Mar	ryla	nd
Baltimore,	Department of Important: If I eny injury or once.		21. Signature of unerel Servi	ce Licens	∞Jeff1		Gair					y Ruc	k Tows 0 York	on F	uner	al Ho	ome,	
			171	lly	-7	. 0	7av	5							ш 1	OWSOI		
			23a. Per 1. Enter the disease shock or heart failure. I	ist doly	ne ceuse on	eech line	eath. Do n	ot ente	r the mode	ot cryss	ng, such es	cardiac	or respiretory	errest,		-	Approx Interva Onset	il Between end Deeth
	hysician /Medical		Immediate Cause (Finet		1	rk.			100		10						10	-
	xaminer		diseese or condition resulting in death)		0.	K	10	1 C	(6/2	۵	U						13	Yes
		ē				Due t	o (or es e c	onsequ	uence ot):							į		
1	ansit	Examine			b. ———	Due	0 105 00 0 0		, , , , , , , , , , , , , , , , , , , ,							i		
0	1 4 4	Exa	Sequentially list conditions, if any, leeding to immediate cause. Enter Underlying Cause (Disease or injury			Due	o (or es e c	onsequ	Jence OI).							1		
9	(	cai	thet initieted events	<	C	Dueto	o (or es e c	กกรคดเ	ience of).									
8		Medical	resulting in death) Lest			500 (	0 (01 00 0 0	onooqo	101100 017.									
Box	attendir for use				d											<u> </u>		
. E	tha atte	sicia	Pert ti. Other eignificent cond	ittons co	ntributing to d	leath but not	resulting in	the un	derlying cer	us <i>e</i> giv	en in Pert		23b. Did	i tobacc	O USO CO	ntribute to	o the ca	use of death
P.0	5 P S	by Physician/	Chanil	. /	bot	urti	R /	211	mona	-	disc	200	, 10	Yes	2□ No	3 □ Pro	bably	4 Donknow
Ś	igned be da	by	Chronic		23/1	4011	1	Dil	10/19	7								
Vital Records,	been signature should t	Completed	Rheum	ats	id	Ar	The	1	-				24e. We	s en eut formed?	opsy	ev	eileble p	
ec	2 5 5	ple		2	(-(	, , ,	101	L//	J							ot	mpletion deeth?	n of ceuse
<u>ac</u>	2 0	TO.											1□	Yes :	2 No	1[	Yes	2□ No
ita		Be (	25. Wes case reterred to medi	cel							26. Place	of Deet	h (Check only	one)				
> 1	0 0	To	exeminer? 1 ☐ Yes 2 ☐ NO		Hospitel:	Inpatient :	2 ER/Out	petient	3□ DOA	Oth	ner: 40 Nu	irsing Ho	me 5□Res	sidence	6 □Oth	ner (Specif	(y)	
			27. Menner of Deeth	ella a	28e. Dete	of Injury oth, Dey Year	28b. T	ime of	28	c. Inju	ry et		28d. Describe	how inj	ury occur	red		
ioi	or daath. ector: Affai by the funa	atic	1 □ Naturel 5 □ Pen 2 □ Accident Inve	stigation	(1110)	, 50, 102.		,,,	М		Yes 2□	No						
Vision S	er da	tific	3 ☐ Suicide 6 ☐ Cou 4 ☐ Homicide dete	ld not be rmined	28e. Plece	e ot Injury - A ling, etc. (Sp.	At home, ter	m, stre	et, tactory,	office			28t. Location City or To	(Street e	end Numb	ber or Rure	el Route	Number,
	a aft ed In	Certification:		•	00110	g, 0.0. (0p	y,								,			
Hoen	within 24 hours after daati To the Funeral Director: complately filled in by the	edical	29e. Certifier 1 Certification (Check only one)	ying Phy at Exam	sician: To the iner: On the b and mer	best of my basis of exem nner stated.	knowledge, nination end	deeth Vor Inv	occurred et estigetion, i	the tin	me, dete en opinion, dea	d plece, th occur	end due to the red et the time	e ceuse( e, date e	s) end <i>m</i> nd place,	anner as s end due to	tated. o the cei	use(s)
4	To the	Me	29b. Signature and title of cert	121		0			29c.	Licens	e number			29d. D	ate signe	d (Month,	Dey, Ye	ear)
	1		1 te	CT	.0	rite	71	ns	D	209	64			Jul	v 7.	199	7	
	1/		30. Nemand eddress ot pers	on who c	ompleted ceu	se ot deeth (	Item 23e) (	Type. F	Print)				,		-Z ',			
	0		Jerome H. Gin							7-	Mall	Da	ndalls	+~-~	MI	211	22	
	Sta	te	31. Dete filed (Month, Day, Ye	er)	a 32. F	Registrer's Si		rel L	y rid	LCC.	ridit-i	110	MAGILIS	COVY.	T P INIL	411.	ن ر	
	Registr	ar	JUL 0 8 1997		guia A	widson	Mandal	6	<b>~</b>									



State of Maryland / Department of Health and Mental Hygiene 97

20458

						Cei	tificate of	Death			Reg. No.		
Physic /Medi		1. Decedent's Name		F.	KL	EIN					3, 1997	Year	3. Time of Deal 5:15PM
Exami		4a. Facility Name (# 25 EVAN		ive straat and number	r)			BALT		cation of Death E		of Death	
Funeral Director		5. Social Security No. 219–22–06	515	Sex 7. A	nge (In yrs. Ia 92	st birthday) Yrs.	If Undar 1 Yaar Months Days		24 Hrs. Min.	8. Data of Bir (Month, Da AUG. 25	th y, Year) 5, 1904		place (State or For intry) MD
Maryland a-f show	tor	Usuel Residence of 10a. State MD	10b. County	TIMORE	10c. City,	Town or Lo	cation [MORE						10d. Inside City Lir 1 ☐ Yes 2X
n with the	ai Director	10e. Street and Nun	nber 5 EVAN W	IAY			10f. Zip Code 2120	08			10g. Citizen of USA	What Cou	intry?
ore, Maryland 21215-0020 s 1 and 2 should be filed within 72 hours after death with the Manyland of Health and Mantal Hygiene. Item 27 is marked other than "natural", or items 23s or 28s-f show other traumatic event, the Medical Evantroc must be notified at	by Funerai	11. Marital Status  1 Never Marrie 3 Widowed		12. Was Deceden Armed Forces 1  Yes 2  If Yes, Give Yaar or Dates	i? <b>XTX</b>		Was Decedent of I I Yes, specify Cub		gin? (Spe , Puerto	ecify Yes or No Ricen, atc.)	- 14. Rad Bla Specif	ck, White	ican Indian, , etc. IHITE
Maryland 21215-0020 d 2 should be filled within 72 hours af th and Mantal Hyglana. 7 Is marked other than "natural", or traumatic event, the Medical Exam	Completed			rade completed)	.5.)	16a. Deced (Give life. I	lent's Usual Occu kind of work done OO NOT use retire	pation during most	of worki	ing	16b. Kind of B	usiness/ir	ndustry
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aw requir	Completed by	MA	רטמו	SION THE TIO	N_					24a. Was	an autopsy med?	a	Vere autopsy findin vallable prior to ompletion of causa f deeth?
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f Vi ysicle is cert direct	To Be	examiner?		Hospital: 1 ☐ Inpat	tient 2□E	R/Outpatien	t 3 DOA Ot	han.			dence 8 🗆 Ott	ner (Spec	ifv)
Division of Vital Remitted to the Hospital or Attending Physician: The Lewithing 4 hours after death.  To the Funeral Director: After this certificate he completely filled in by tha lunaral director, page	Certification: 1	27. Manner of Death  1 Netural  2 Accident	5 ☐ Pending Investigati		jury ay Year)	28b. Time of Injury	M 1 [		No	28d. Describe	how Injury occur	rred	
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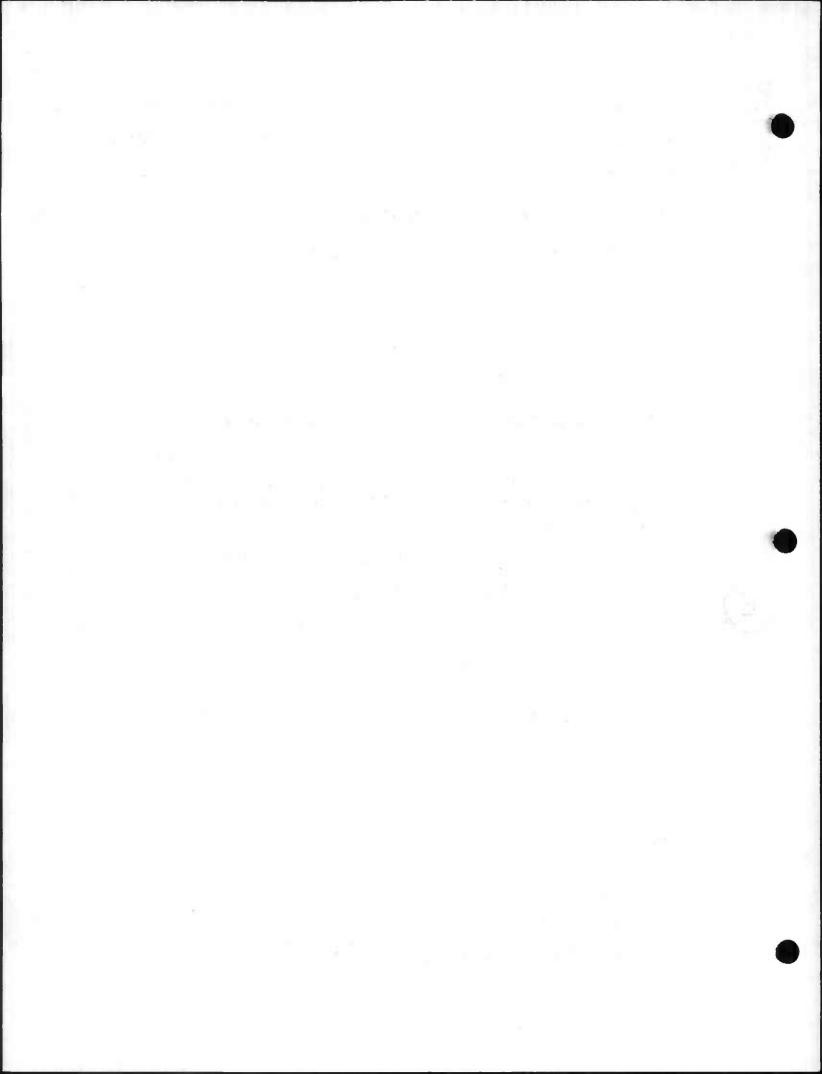
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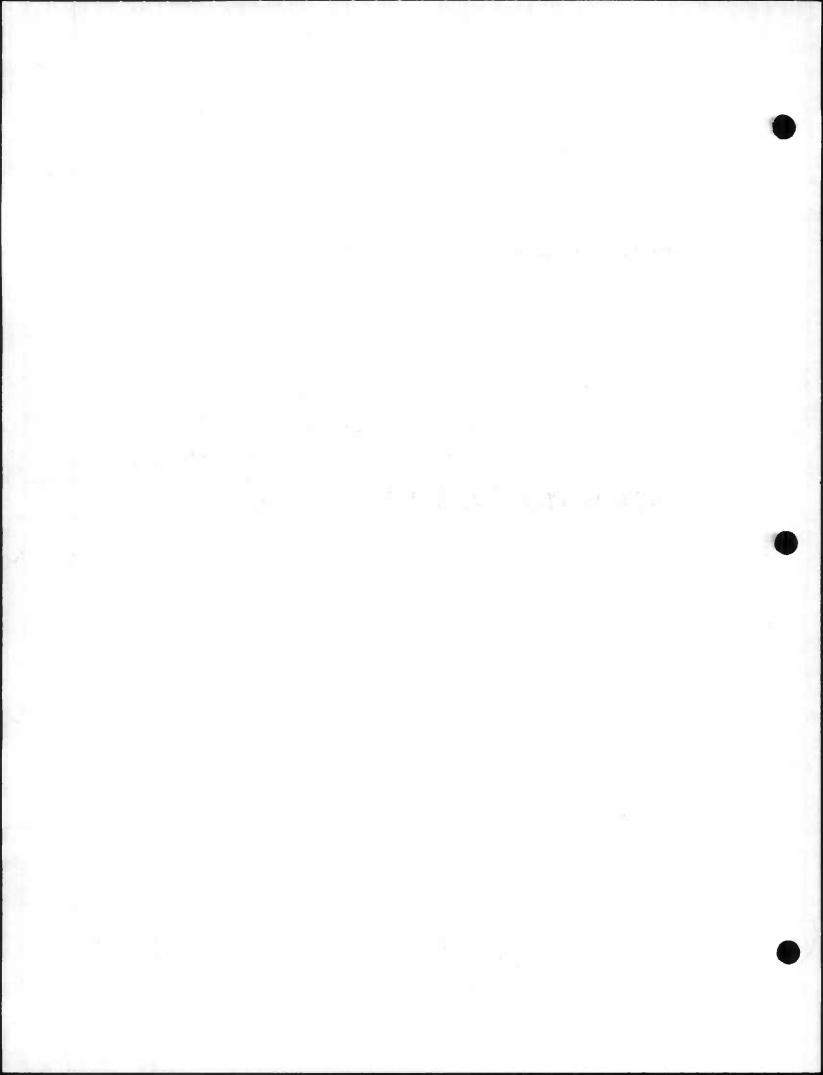
State Registrar



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 97 20459

					Certifica	te of i	Death	R	eg. No.		-0-703
	Dhoole		Decedent's Neme (First, Middle, Last)			1/		2. Dete of Deel		Yeer	3. Time of Deeth
	Physici /Medi		Van e	ssa		Kno	X	July	5	1997	1:00 A.M
	Examir Funeral Director			ad e (In yrs. last bin	hday) If Undi- Months	er 1 Year	Ba / Hr Br Under 24 Hrs Hours Min	(Month, Day,	4c. County  No. Yeer)	4	iece (State or Foreign
			Usuel Residence of Decedent  10e. Stete 10b. County	10c. City, Town	or Location			//-//	175 8	1	0d. Inside City Limits
	he Mary	ector	Md NA	Balti	more						1 Yes 2□No
	23a or	Funeral Director	2836 W. North Ave.	1016	10f. Z	217	216	1	Og. Citizen of	S.A	•
חשחר	filed within 72 hours after death with the Maryland Hyglene. ther than "natural", or terms 23a or 28a-f show that the Medical Examiner must be notified at	by	11. Maritel Status  1 Never Married 2 Merrled 3 Widowed 4 Divorced  12. Was Decedent Armed Forces? 1 Yes, Give Yeer or Detes:	Ever In U,S. ,	13. Wes Deci if Yes, sp		ispenic Orlgin? (S on, Mexican, Puer Specify:	Specify Yes or No- to Rican, etc.)		ce - Americ ck, White, y: Blac	
7212-0020	d 2 should be filed within 72 ho th and Mental Hygiene. 7 Is marked other than "natur traumatic event, the Medical	Completed	15. Decedent's Education (Specify only highest grade completed)  Elementary (Secondary (0-12) College (1-4or 5		life. DO NOT	ork done d use retired	during most of wo	rking	Bank	usiness/Ind	dustry
	filed with Hygiene. ther than		17. Father's Name (First, Middle, Last)	0	apervi	sor	18 Mother's Ne	me (First, Middle, I	Meiden Sumar	ne)	
Maryland	d be	o Be	Ernest Knox				1		0 1	nan	
3	2 should be and Mental is marked o	To	19e_Informant's Neme/Reletionship (Type, Print)	10ther 19b.	Mailing Addres	s (Street	and Number or R	ural Route Number			
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e E	Pages nent of h nt: If ite iry or of		1 ☑Buriei 2 ☐ Cremation 3 ☐ Removei from State 4 ☐ Donetion 5 ☐ Other (Specify)	DING	y, crematory or	otner piac	& Park	7-9-97 \$	anda	11.00	wo, red
Baltimor	permit. Pag Depertment Important: h any Injury o		21. Signeture of Funerel Service Licansee	Dolp }	122 Name of	nd Addres	ss of Fecility as	thank A	enue		21215 140, red
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	Physician /Medical Examiner	ər	Immediate Ceuse (Final disease or condition resulting in death) e. ASTro (		a s	70	Brai				Onset end Deeth
ń	icate be executed physician and s the buriel-transit	Examiner	Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Ceuse, (Disease or Injury c.	Due to (or es e c	onsequence of	):		-	-	i	
x 68760,	requires that the death certificate be executed een signed by the attending physician and hould be detached for use as the buriel-transit	Medical		Due to (or es e co	onsequence of	:				1	
ROX	leath certifica attending ph d for use es t	cian	_ u								
7. Ö.	that the de ed by the detached	Physician	Pert II. Other algnificant conditions contributing to death but	ıt not resulting In	the underlying	cause give	en in Pert I.	23b. Dld to	A	3 Prot	o the cause of death? Dably 4 Unknown
Records,	S t S	Completed by						24a. Was e perforr	n eutopsy ned?	COL	ere autopsy findings silebie prior to mpletion of cause deeth?
	0 - 0	E						1 □ Ye	s 2 No	10	Yes 2 No
		Be	25. Wes case referred to medical exeminer?				28. Piece of De	eth (Check only on	10)		
0	Physician: this certific ral director.	2	1 ☐ Yes 2 ☐ No Hospital: 1 ☐ Inpatie		petient 3 0		4 U Nursing I	lome 5 Reside	ence 6 🗆 Oth	ner (Specif)	v)
000	ing When	ation:	27. Menner of Deeth  1 Naturel 5 Pending (Month, Day  2 Accident investigation	Year) 28b. T	ime of ijury M	28c. Injun Worl	yat k? Yes 2 □ No	28d. Describe ho	ow Injury occur	rred	
5	in State	Certification:	3 Suicide 6 Could not be determined 28e. Piece of Injuding, etc.	iry - At home, far . (Specify)	m, street, facto	ry, office		28f. Location (St City or Town		ber or Rura	l Route Number,
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State of Maryland / Department of Health and Mental Hygiene

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					Cert	ilicale u	f Death		Reg. No.		
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Exam		4a. Fecility Neme (If not Institution	on, give street and ne	um <i>ber)</i>			4b. City, Town, o	or Location of Deet		ty of Deeth	
		Frederick Mem	orial Hos	pital			Freder	ick	Fre	deric	k
Funera Directo		5. Sociel Security Number 213-09-2909	6. Sex 1 ☐ M 2 ☐ F	7. Age (In yrs. last	t birthday) Yrs.	If Under 1 Yes Months Day	r If Under 24 H s Hours M	s. 8. Dete of Bi Month, De Sept.	th Year) 21. 191	9. Birth Cou	place (Steta or F ntry) vland
P .		Usuel Residence of Decedent									v
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Ba-f	200		erick	Fred	erick						1 X Yes 2
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permit. Pages 1 er Dapartment of Hee Important: If Item. any Injury or other	ġ .	21. Signeture of Funarai Service	e Licensea		22.	Name end Add	rass of Fecility		DOL OTH	210	ic.
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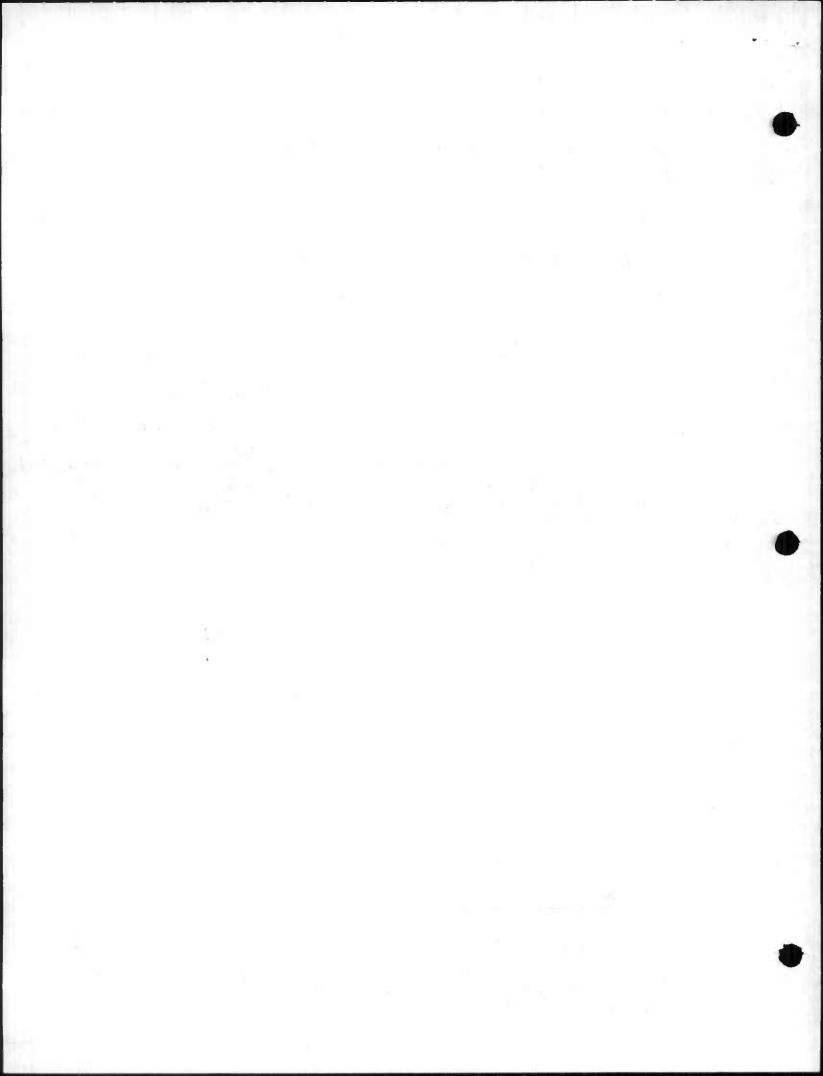
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364 Go 19 4 3 Service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and the service and th F = 0 ALM SALES 경험 기계 중 기계 보다 내 열 그 그는 경찰 그 살면 경기를 받는 것이 많은 것이 없다. The second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th 

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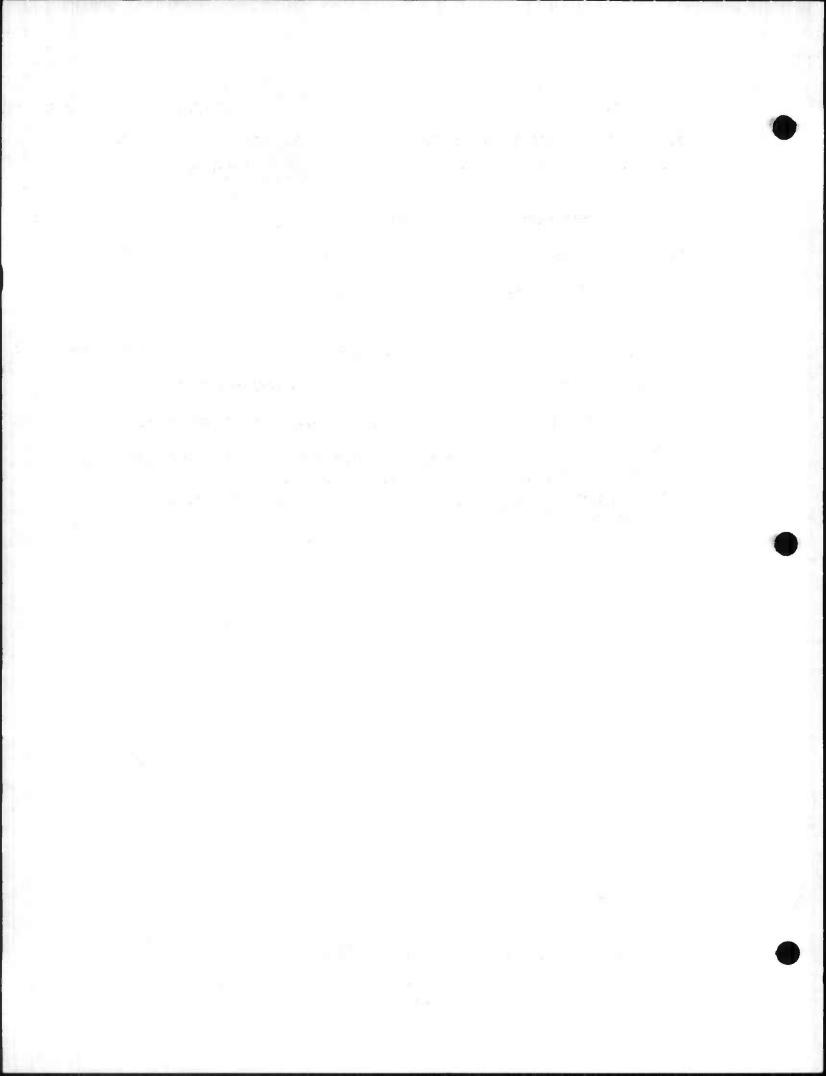
			ITEM#29a PER MED EXM F		A. Certifica	ate of Death	Re	g. No.	20402
я	Physic	ian	1. Decedent's Neme (First, Middle, Las	10)	50		2. Dete of Deeth Month	Day Ye	3. Time of Deeth
	/Medi Exami		4e. Fecility Neme (If not Institution, give	e street end number)	JK.	4b. City. Town, o	r Location of Death	4c. County of D	5.30pm
1	EXAIIII	iei	PERRING PARKI	WALL ALUPSIN	o Homo	PARKY	1110	Balti	MARI
Г	Funeral		5. Social Security Number 6. S	ex 7. Age (In y/s	O 1 Month	der 1 Year If Under 24 Hi		Year) 9.	Birthplece (Stete or Foreign Country)
L	Director		Usuel Residence of Decedent	ACM ZEF	Ya Yrs.		May 16		laryland
	yland		10e. Stete 10b. County	10c. C	ity, Town or Location				10d. Inside City Limits
	the Marylan 28a-f show	Director	Maryland Harte	ord E	Sel Air				1□Yes 2⊠No
	ours effer death with the Maryla ral', or Neme 23a or 28a-1 show Examiner mast be nothed at	Dire	10e. Street end Number	// /	10f.	Zip Code	10	g. Citizen of Whet	Country?
	eath o	Funeral	11. Marital Status	12. Was Decedent Ever in U	IS 13 Was De	21014	Specify Ves or No.	UJA 14 Paga A	Americen Indien,
0	of the n		1 Never Married 2 Merried	Armed Forces? 1 ☐ Yes 2 🕱 No		cedent of Hispenic Origin? ( pecify Cuben, Mexican, Pue	rto Rican, etc.)		White, etc.
21215-0020	72 hours efter death with the Maryland natural, or Nems 23s or 28s-f show diest Example must be notified at	d by	3 ☑ Widowed 4 ☐ Divorced	If Yes, Give Yeer or Detes:	1 🗆 Yes	2)XNo Specify:		Specify: M	Vhite
15-(	C F 6	Completed	15. Decedent's Ed (Specify only highest great	ucetion de completed)	16e. Decedent's U	suel Occupetion work done during most of w use retired)	orking 10	8b. Kind of Busine	ess/Industry
212	with liene.	ошр	Elementery/Secondery (0-12)	College (1-4or 5+)	Potai	Sales		hapdi	11/1/00
	offie othe	BeC	17. Fether's Neme (First, Middle, Last)		- Allen	18. Mother's Na	ame (First, Middle, Ma	aiden Sumeme)	NUR
Maryland	should be nd Mental marked c	To	reman Leu	UN		Valu	sda C.	Burg	lette
Mai	2000		19e. Informent's Neme/Reletionship (7	ype, Print) ?	19b. Melling Addre	ess (Street end Number or F	Rural Route Number,	City or Town, Stel	te, Zip Code)
re,	f Health tem 27 other tr		20e. Method of Disposition	) 20b.	Piece of Disposition (A	RWICK X. L	Date - 20	C. Location - City	n0 21014
Baltimore	00		1 ☑ Buriei 2 ☐ Cremetion 3 ☐ 4 ☐ Donetion 5 ☐ Other (Specify	Hemover from Stete	cemetery, cremetory o	Noundial Card	July 5 -	TMALINI	n Manuland
alti	permit. Pege Department of Important: If any injury or once.		21. Signature of Funeral Service Licens	704	22. Neme	end Address of Fecility	VBNIS Cha	ROI OF 1	Limories
	89 = 89		ARISTA -	Y. Wells	2 8800	Hartons P.	1 Balt	more	Md 21234
			23e. Pert1. Enter the disease, or comp shock, or heart feilure. List only of	dicetions thet caused the dear one ceuse on each line.	th. Do not enter the m	ode of dylng, such es cardie	ac or respiretory erres	t,	Approximete Intervei Between
	Physician /Medical		Immediete Ceuse (Finel	Λ	0				Onset end Deeth
	Examiner		disease or condition resulting in deeth)	e. Aspira	or es a consequence of	mania			3 slays
-	D ##	iner	_	b	or on a composition of	-,-			
	certificate be executed rding physician and use as the buriel-transit	Examiner	Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying	Due to (	or es e consequence o	n:			
68760,	e be e sician e burie		cause. Enter Underlying Ceuse (Diseese or Injury that initiated events	C					
	ntificet ng phy es th	Medical	resulting in deeth) Lest	Due to (c	or es e consequence o	ŋ:			i
Box	eath ce ettendir for use			d					
0	the death by the etter sched for u	Physician/	Pert II. Other significant conditions co	ntributing to deeth but not res	suiting In the underlying	ceuse given in Pert I.	23b. Dld tob	cco use contrib	ute to the cause of death?
g, D	that the	by Ph					1 Tyes	2⊠ No 3□	Probably 4 Unknown
rds	v requires that the death or been signed by the ettend should be detached for us	ed b					24a. Was en		b. Were autopsy findings eveileble prior to
Division of Vital Record	9 00	Completed					performe	lor -	completion of cause of deeth?
<u>~</u>	The ate h	Con					1 ☐ Yes	2 🖾 No	1 ☐ Yes 2 ☐ No
<u> </u>	Physician: The le this certificate he ral director, page	Be C	25. Wes case referred to medicel exeminer?	Hospitel:		Other	eth (Check only one)		
0	5 00	n: To	1 Yes 2 No 27. Menner of Deeth	28e. Dete of Injury	ER/Outpetient 3 1 1 28b. Time of	28c. Injury et Work?	Home 5 Residence		(pecify)
ion	Attending or death. sctor: After by the fune	atio	1 ☑ Neturel 5 ☐ Pending Investigation	(Month, Dey Year)	Injury M	Work? 1 ☐ Yes 2 ☐ No			
N	If or Attending P effer death. Director: After t d in by the funera	Certification:	3 ☐ Suicide 6 ☐ Couid not be 4 ☐ Homicide determined	28e. Piace of Injury - At he building, etc. (Specification)	ome, ferm, street, factory)	ory, office	28f. Location (Stre City or Town,		Rural Route Number,
	pital ( ours el erai D filled i		29a. Certifier 12 Certifying Phy.			d - A - A - A - A - A - A - A - A - A -			
	To the Hospital or Attending Ph within 24 hours elect death. To the Funeral Director, After th completely filled in by the funeral	edicai	(Check only one)	alcian: To the best of my kno iner: On the basis of exemine end menner stated.	etion end/or investigetion	c et the time, dete end piec on, in my opinion, death occ	e, end due to the ceu- urred at the time, dete	se(s) and menner e end plece, end o	as steted. due to the ceuse(s)
1	Withir To th Comp	Me	29b. Signeture end title of certifier		2	9c. License number	290	. Dete signed (Mo	onth, Day, Year)
	0		Dorlar Wash	act, M.D.		D 47813		July 3	1977
	10		30. Name end address of person who co	ompleted ceuse of death (item	n 23e) (Type, Print)	a I landle a	, 00	R-Ala	MI
	Sta	0	31. Data files (Month, Day, Year)	2. Registrer's Signe	00/ C	Northern	TRWY	Dave.	17d.
	Dominio		JUL U 8 1997	hia Davidson Gan	2000				



State of Maryland / Department of Health and Mental Hygiene

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						C	ertifica	te of	Death			Reg. No.		
Phys		1. Decedant's Nam	a (First, Middla, L CALVIN LE	-							2. Dele of Do Month 07/01,		Yaar	3. Time of Death 6:00PM
	dical niner	4a. Facility Nama (i				CENTER			4b. City, To		cation of Dee		ounty of Deal	ħ
Funer Direct		5. Social Security N 180-01-23	301	Sax 1XIM 2□F	7. Age (In <b>7</b> 9	yrs. last birthda Yrs.	y) If Unde Months	Days	If Under Hours	24 Hrs. Min.	8. Dala of Bi	71917	9. Birt CC P.F	hplaca (Stata or Foraign untry)
with the Maryland a or 28a-f show the notified at	tor	Usual Rasidance o	Dacadent 10b. County BALTIN	MORE	100	City, Town or								10d. Inside City Limits 1 ☐ Yas 2 ☐ No
28a	Director	10e. Street and Nu	mber				10f. Zi	p Code				10g. Citize	n of What Co	untry?
A S O S O S O S O S O S O S O S O S O S		7030 DUNI	HILL ROAL	0			To Tale and	21	222			20770222	U.S.A	
5-0020 72 hours after death with the Maryla natural; or Henns 23e or 28a-f show alses Examiner must be notified at Sisal Examiner must be notified at	by Funeral	11. Merital Status 1□ Never Marr 3□ Widowed	ied 2000Married	12, Was Dec Armed Fr 1XWes If Yes, Gi Year or D	orces7 2 ☐ No ve	in U,S. 13			Hispanic Ori an, Mexican Specify:		ecity Yes or N Rican, etc.)		Race - Ame Black, Whit pecify: WE	e, etc.
villain 72 ho	Completed	(Spec	15. Decedent's E oily only highest g andary (0-12)	rade completed)	1-4or 5+)	(GI	edent's Usu re kind of wo DO NOT s	ork done ise retire	pation during most d)	t of worki	ing		of Businass	
yland 2 ould be filed Mental Hygi arked other attic event, to	To Be C	17. Father's Name CHARLES V		ii)							MAE R		umama)	
CHAL			NTZ/ WIFE			7030	DUNH	ILL			al Routa Numi ALK, MI	212	22	
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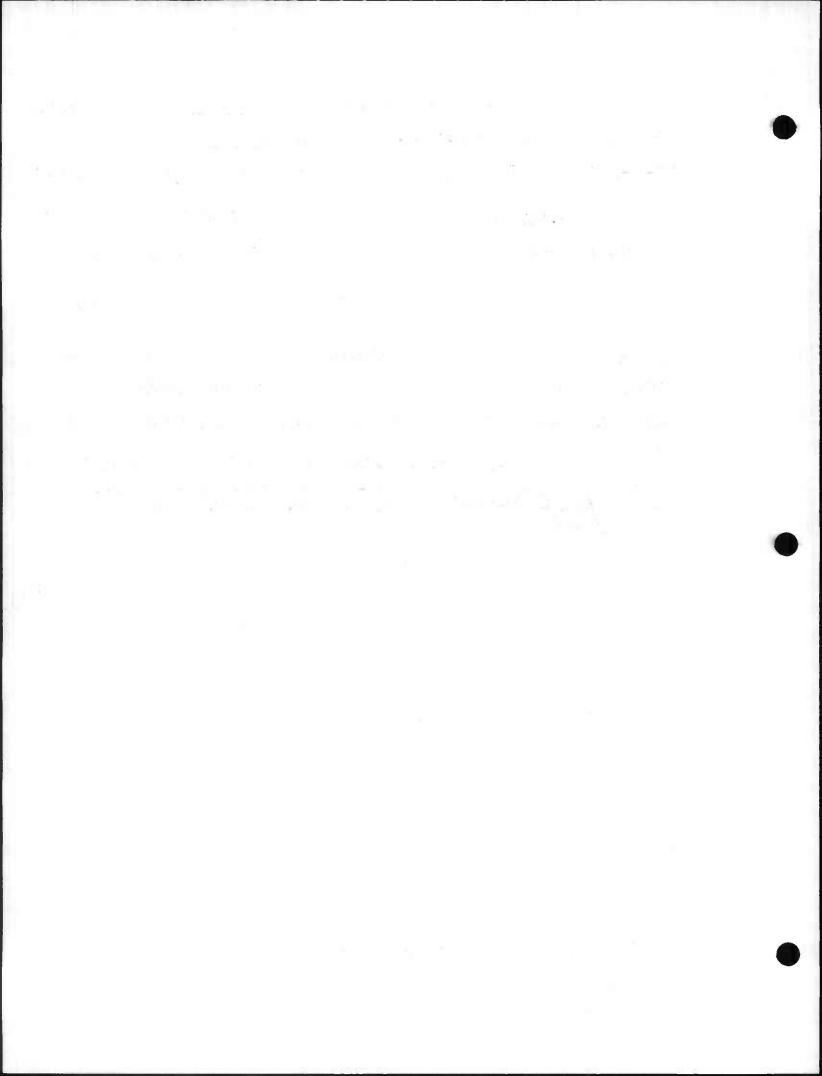
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State Registrar



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tran		19a. Informant's Name/Relationship Mr. John I. Leah			Mailing Address (Street 4 East Ridg					
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Funeral Director		5. Social Security Number 579–28–5660	6. Sex 7	70 Age (In yrs.	lest birthday) Yrs.	If Under 1 Year Months Days		Min. 8. Date of Bir (Month, De NOV . 1	th by, Year)	9. Birtho	lace (State or Ford try) . , D.C.
within 72 hours after death with the Maryland ene.  than 'naturel', or frems 23a or 28a-f show the Medical Examiner must be notified at ampleted by Funeral Director	ctor	Usuel Residence of Decedent  10a. State Florida Palm Beach MARYLAND NONTCOMERY  Usuel Residence of Decedent  10c. City, Town or Location Boca Raton CHEVY CHASE								10d. Inside City Lin 1 🎇 Yes 2 🗆	
	i Dire	10e. Street end Number 20320 Fairway Oaks Drive. #342 5610 WISCONSIN AVENUE, APT. 1102				10f. Zlp Code 33434	20815		10g. Citizen of What Country?		
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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Neme (First Middle Last) 2. Dete of Deeth 3. Time of Death Dey **Physician** Month Year FLORENCE 2:15 M ELIZABETH MACHOVEC JULY 1997 /Medical 4e. Fecility Neme (If not institution, give street end number) 4b. City. Town, or Location of Deeth 4c. County of Deeth Examiner 311 LONEY'S LANE BALTIMORE If Under 1 Year It Under 24 Hrs. Hours Min. 5. Social Security Number 7. Age (In yrs. lest birthday) 8. Date of Birth (Month, Dey, Year) Birthplece (State or Foreign Country) **Funeral** Days 1 M 2 F 86 Yrs. Director 215-14-5311 MAY 30 1911 MARYLAND Usual Residence of Decadent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at Director \$CKYes 2□No N/A BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? ö or items 23a 21224 Funeral 311 LONEY'S LANE USA 12. Was Decedent Ever in U,S. Armed Forcas?

1 Yes 2 No If Yes, Give Year or Dates: Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, etc.) 14. Race - American Indian, Black, White, etc. 1 □ Never Merried 2 □ Married 1 Yes 2 XNo Specify: þ Specify. 3 XWidowed 4 □ Divorced natural', WHITE Completed 15. Decedent's Education (Specify only highest grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Hygiene. Elementery/Secondery (0-12) College (1-4or 5+) HOMEMAKER OWN HOME marked other 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Melden Surneme) Be Peges 1 end 2 should be f nent of Health end Mental I int: If item 27 Is marked of FREDERICK SMITH MARIA TERESA 19a. Informant's Name/Reletionship (Type, Print) 19b. Mailing Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) or other tra DORIS F. COOK, DAUGHTER 404 SCARSDALE ROAD, BALTIMORE, MD 21224 20b. Place of Disposition (Neme of cemetery, cremetory or other pleca) 20a. Method of Disposition Dete 20c. Location - City or Town, Stete 1 Burial 2 □ Cremetion 3 □ Removel from State permit. Pege Depertment of important: If any injury or 4 ☐ Donetion 5 ☐ Other (Specify) BALTIMORE, MD HOLLY HILL CEMETERY at Funarei Sarvice Licensee 22. Neme end Address of Fecility MORAN-ASHTON FUNERAL HOME, INC. 3000 E. BALTIMORE ST., BALTIMORE, MD 21224 23e. Part1. Enter the diseasa, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Between Onsat and Deeth Physician /Medical tmmediete Cause (Finel diseese or condition resulting in death) Examiner Due to (or es a consequence of) Examiner Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest Due to (or es e consequence ot) physician Physician/Medical the Due to (or es a consequenca of) Pert II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Nes 2 No 3 Probably 4 Unknown ò 24b. Were autopsy findings eveileble prior to completion of cause of deeth? 24a. Was an autopsy Completed peen pege 2 1 Yes 20 AO 1 ☐ Yes 2 No certificate To the Hospital or Attending Physician: within 24 hours effer death.

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2 Medicat Examiner: On the basis of examination end/or investigetion, in my opinion, deeth occurred et the time, date end piece, and due to the ceuse(s) Medical 29a. Certifier and manner steted. 29b. Signatura and titia of ce 29c. Licensa number 29d. Data signed (Month, Day, Year) 24276 4 . Neme and address of person who completed cause of deeth (Item 23e) (Type, Print) Simon Scalia Mercy Control Family CALE 2801 Hudsow & 21224

Registrar DHMH 16 Rev 6/95

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Records

Division of Vital

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death **Physician** Month Day Yeer 5 - 30 AM ELAINE B. MYERS JULY 5, 1997 /Medical 4a. Fecility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Deeth 4c. County of Deeth **Examiner** 7813 ELMHURST AVENUE BALTIMORE If Under 1 Year 5. Social Sacurity Number 7. Age (In yrs. lest birthday) Birthplaca (Stata or Foraign Country) **Funeral** Months Deys 10M SEF Director 218-22-9662 83 JUN 8 1914 PA Usuel Residence of Decedent 10e. Steta 10b. County 10c. City, Town or Location 28a-f show 10d. Inside City Limits the Medical Examiner must be notified at 1 ☐ Yes 2 1 No Director BALTIMORE PARKVILLE 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? ò "natural", or items 23a Funerai 7813 ELMHURST AVENUE USA 12. Was Decedent Ever in U,S. Armed Forces? Was Dacedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexicen, Puerto Rican, atc.) 14. Race - American Indien, Bleck, White, etc. filed within 72 hours after Hygiene. 1 ☐ Yas 2 ☒No If Yes, Give Yeer or Detes: 1 Never Married 2 Married Specify: by 3 ☐ Widowed 4 1 Divorced WHITE Completed 16a. Decedent's Usuel Occupetion (Give kind of work done during most of working lifa. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry BALTIMORE COUNTY Elementary/Secondary (0-12) College (1-4or 5+) permit. Peges 1 and 2 should be filed w Deperment of Health end Mental Hygien Important: If Nem 27 is marked other the eny Injury or other traumatic event. Ilma 5+ BOARD OF EDUCATION REGISTERED NURSE 17. Fathar's Neme (First, Middla, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) RALPH RANDALL BOYD ELSIE HUNT 19e. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) LESLIE GARRISH, DAUGHTER 7813 ELMHURST AVE., PARKVILLE, MD 21234 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, State Dete 1 ₺ Buriel 2 □ Cremation 3 □ Removel from State 4 ☐ Donetion 5 ☐ Other (Specify) OAK LAWN CEMETERY 7-9 BALTIMORE, MD 21. Signature of Funerel Service Licensee 22. Name end Addrass of Fecility BRADLEY-ASHTON FUNERAL HOME, INC. 23e. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrast,

Approximate shock, or heart failure. List only one cause on each line. Approximete Intervel Between Onsat and Deeth **Physician** Due to (or es e consequence ot):

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Die to (or es e consequence ot): /Medical Immediata Cause (Finel disease or condition resulting In deeth) Examiner Physician/Medical Examiner physician end the buriel-transit Sequentielly list conditions, if eny, leeding to Immadiate ceuse. Enter Underlying Ceuse (Disease or Injury that initiated events Due to (or es a consaguence of) resulting In death) Last Pert II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse givan in Part I. 23b. Did tobacco use contributa to the causa of death? abshut's Fin d. Jese 1 You 2 No 3 Probably 4 DUNKhown þ 24e. Wes en autopsy performed? 24b. Were eutopsy findings aveilable prior to completion of cause of deeth? Completed erebrossul 1 ☐ Yes 2 ☐ No 1 ☐ Yes 2 € No 25. Wes cese referred to implicate examiner? Be 26. Piece of Deeth (Check only one) 1 ☐ Yes 2 No Hospital: 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA Other: 4 Nursing Homa 5 Residence 6 Other (Specify) ၉ 28e. Deta of Injury (Month, Dey Year) 27. Mennes of Death 28c. Injury at Work? 28d. Describe how Injury occurred Medical Certification: Bug 1 Natural 5 Pending investigation 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Suicide 28f. Location (Street end Number or Rural Routa Number, City or Town, State) 28e. Place of Injury - At home, ferm, street, factory, office building, etc. (Specify) 4 Homicide 29a. Certifier (Featury) and the cause (s) and manner as stated. (Check only one) 2 Madical Examiner: On the besis of examination end/or investigation, in my opinion, deeth occurred at the time, dete end piece, and due to the cause(s) end manner stated. 29c. License number 29b. Signatura end title of certifier 0 ancias.

Baltimore, Maryland 21215-0020

Box 68760,

P.O.

sion of Vital Records,

31. Dete filed (Month, Day, Yeer)
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and address of person who completed cause of death (Item 23e) (Type, Print) 8903 HARTORD POAD

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State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedent's Name (First, Middle, Last) 3 Time of Death 2. Dete of Deeth **Physician** Levin Thomas Hiller 0630 Sul /Medical 4e. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY 5. Social Security Number 6. Sex 1 M 2 □ F If Under 1 Year If Under 24 Hrs. 8. Date of Birth Month, Day, Oct. 13, 7. Age (In yrs. last birthday) 9. Birthplace (State or Foreign **Funerai** Days 89 Yrs 146-05-9277 Maryland Director Usual Residence of Decedent the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits permit. Pages 1 and 2 should be filed within 72 hours after death with the Marylan Department of Health end Mental Hygiene. Important: if Item 27 is marked other than "natural", or items 23a or 28a-1 ahow any injury or other traumatic event, the Medical Examer committee and any injury or other traumatic event, the Medical Examer committee in any injury or other traumatic event, the Medical Examer committee in any injury or other traumatic event, the Medical Examer committee. 1 Yes 2 No Maryland N/A Baltimore Director 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 721 N. Lakewood Avenue 21205 U.S.A. 12. Was Decedent Ever in U,S. Armed Forces? 1∕€ Yes 2 □ No If Yes, Give Year or Dates: 14. Race - American Indian, Bleck, Whife, etc. Was Decedent of Hispanic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. Marital Status 1 □ Never Married 2 □ Married 1 ☐ Yes 2 No Specify: þ 3 XWidowed 4 □ Divorced White 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry 15. Decedent's Education (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4or 5+) Manufacturing 11th grade Plasterer/Line Supervisor 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Surneme) Miller Hattie Jane Howard Levin James 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 19a. Informant's Neme/Relationship (Type, Print) Judson F. Force, Jr. (nephew) 309 Overlook Drive, Timonium, MD 21093 20a. Method of Disposition 20b. Place of Disposition (Name of cemetery, crematory or other place) 20c. Location - City or Town, State 1 ☐ Burial 2 Cremetion 3 ☐ Removal from State Green Mount Crematory 7/8/97 Baltimore. Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funeral Service Licenses 22. Name and Address of Fecility Schimunek Funeral Homes, Inc. 9705 Belair Rd., Baltimore, MD 21236 23a. Part1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest shock, or heart feilure. List only one cause on each line. Approximete Interval Between Onset and Death **Physician** fire days /Medical Immediate Ceuse (Final myocardial infarction disease or condition resulting in death) Examiner Due to (or as a consequenca of) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that Initiated events Due to (or as a consequence of). physician and Physician/Medical the that Initiated events resulting in death) Last Due to (or es e consequence of) 23b. Did tobacco use contribute to the cause of death? Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Dunknown Records. þ 24b. Were autopsy findings available prior to completion of cause of death? been sid 24a. Was an autopsy performed? Completed 1 Yes 2 □ No 1 ☐ Yes 2 No Division of Vital 25. Was case referred to medical examiner? 26. Place of Deeth (Check only one) Hospitei: 1 Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA Other: 4 Nursing Home 5 Residence 8 Other (Specify) 20 1 Yes 2 No funeral 27. Manner of Death 28d. Describe how Injury occurred 28a. Date of Injury (Month, Day Year) 28b. Time of 28c. Injury at Work? Certification: i or Attending F after death. Director: After After 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No investigation 2 Accident 6 Could not be determined 3 Sulcide 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 ☐ Homicide A Hospital 15 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a. Certifier (Check only one) To the Vithin 2 29d. Dete signed (Month, Day, Year) 29b. Signature end title of certifier 29c. License number Sara Cosque MD 07/04/97 RES-000 Ø 30. Name end eddress of person who completed cause of deeth (item 23a) (Type, Print) Sara Cosgrove The Johns Hopkins Hospital Baltimore, Maryland 21287 wa Davidson-Kindelle 31. Date filed (Month, Dey, Yeer)

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Registrar

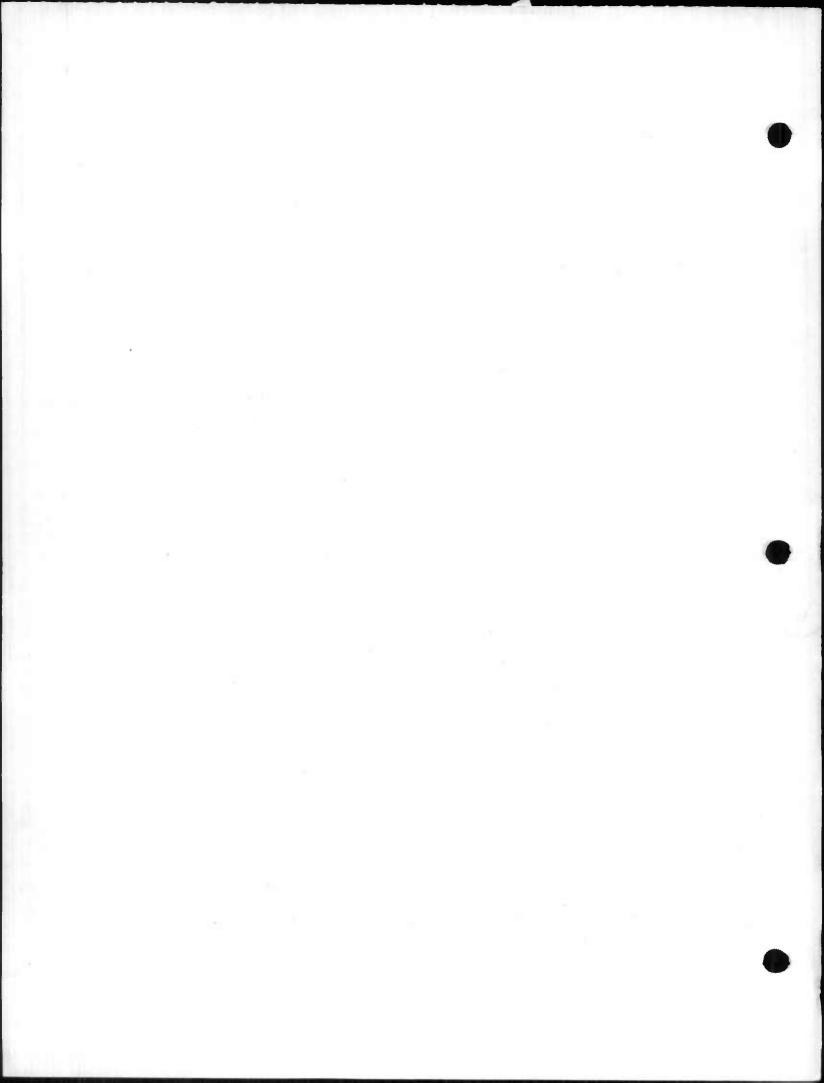
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Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE RUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dept.

	permit		
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit		
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1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF H		MENTAL HYGIEN				
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4. SOCIAL SECURITY NUMBER 218-01-6041	1 M 2 🗆 F	81 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURE MIN,		1915 MG	KTHPLACE (State or Foreign intry) Uryland		
o. FACILITY NAME (If not institution, give s Church Home Hospi RESIDENCE OF DECEDENT				imore	ATH	9c. COUNTY OF	1/a		
10a. STATE 10b. COUNTY Maryland	N/A	10c. CITY,	TOWN OR LOCAT			10d. INSIDE LIMITS 1XXYES			
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11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 [X] VI IF YES, DIVE WAR DI 9/3/41-10	R DATES		city, Cuben, Mexica	iiC ORIGIN? (Specify Yen, Puerto Rican, etc.)	Bi	ACE — American Indian, lack, White, etc. Decity: White		
15, DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			ork done during mo retired.)	N It of working		SINESS/INDUSTR			
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17. FATHER'S NAME (First, Middle, Last)	<b>.</b> .				ME (First, Middle, Maiden				
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19e. INFORMANT'S NAME (Type/Print)	ti (Com)				Route Number, City or Tov				
Anthony P. Moseta					eltimore,	CATION - CHY O			
1 X Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	206. PLACE AND DATE OF Cemetery, Crematory or oth OAR LAWN C	emetery	7/	10/97 Bal				
21. SIGNATURE OF FUNERAL SERVICE LI	DENSEE		Schir	o accress of fa nunek Fui Brehms	cility reral Home Lane, Balt	Inc.	Ad. 21213		
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bOUE TO (OR /	AS A CONSEQUENCE OF	):	ANCE	n of	(ONO	F 1/2 X.		
PART II. Other algnificant condition  CHADNIC 8	OBSTRVE	TIVE	Lund	Dosta	154 1 - YES	PMED?	24b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 PRO		
DID TOBACCO USE CONT	TIBULE TO CAUSE	28. PLACE OF DEAT		UNCERTAI	IA (A)				
EXAMINER?	HOSPITAL:	Outpetlant 3 004	OTHER:	a E 🗆 Basidana	8 Other (Specify)				
27. MANNER OF DEATH	28e. DATE OF INJU			URY AT	28d. DESCRIBE HOW	INJURY OCCURE			
1 Natural 5 Pending	(Month, Day, Ye	ar) INJ		RK? YES 2 NO					
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (	URY — At home, farm, a Specify)	treet, factory, offic	•	261. LOCATION (Street City or Town, Stett	end Number or Ru	ral Route Number,		
coel cray	ER: On the best of my k						se(s) and manner es stated.		
296. SIGNATURE AND TITLE OF CERTIFIE	R			29c. LICENSE NU	MBER	29d. DATE SIG	NED (Month, Day, Year)		
A-M Ma	zem'n	0		D173	22	1. Turk	4.7.199		
30. NAME AND ADDRESS OF PERSON W	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type,	Print)	cos	Hospir	79L	BACT.		
31. DATE FILED 0018 1997	JUNE BOOM AS	nonfrence in the							



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2 Date of Death Month **Physician** MOLOCK EDNA Jule /Medical 4b. City, Town, or Location of Death 4a. Facility Name (If not institution, give street and number) 4c. County of Death Examiner BALTIMORE CITY MARYLAND GENERAL 5. Sociei Security Number 7. Age (In yrs. last birthday) If Under 1 Year | If Under 24 Hrs. 9. Birthplace (State or Foreign Country) **Funeral** 1 M 2 D Months Deys 219-30-2184 Usual Residence of Decedent Director filed within 72 hours after deeth with the Meryland 10a State 10b. County 10c. City, Town or Location 10d. Inside City Llmits "natural", or items 23s or 28s-f show 1 Tes 2 No Completed by Funeral Director ALTIMOR 10e. Street end Number 10f. Zip Code 10g. Citizen of What Country? STEEN S 4RSING 4.5, 12. Wes Decedent Ever in U.S. Armed Forces?

1 Yes 2 You of If Yes, Give Year or Dates: 14. Raca - American Indian, Black, White, etc. 11. Marital Status 1 Never Married 2 Married 21215-0020 1□ Yes 2 No Specify: BLACK 3 Widowed 4 □ Divorced th and Mental Hygiene.
7 is marked other than "natur traumatic avent, the Medical 16e. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) ustodián Baltimore, Maryland 17. Father's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Sumeme) . Peges 1 and 2 should be fill ment of Heelth and Mental Hant: If Item 27 is marked oth jury or other traumatic aven Be UN KNOWN UNKNOUN 19a. informant's Name/Relationship (Type, Print) 19b. Malling Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) HYMPHREY-NIECE BALto ENWICK a. Method of Disposition 20b. Place of Disposition (Name of cametery, cremetory or other placa) 20c. Location - City or Town, State 1 Burial 2 ☐ Cremation 3 Removal from State permit. Pege Depertment of Important: If any injury or once. OSCHELL 4 ☐ Donation 5 ☐ Other (Specify) 21. Signature of Funeral Service Licansee Broadway Bolto. md 21213 reller JEFF MILLER P.C. AWNERDL HOME + SERVICE Part 1. Ever the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death Physician /Medical Immediate Ceuse (Final disease or condition resulting in deeth) Examiner Examiner The law requires that the death certificate be executed the buriei-transit Sequentially list conditions, if any, leading to Immediate cause. Enter Underlying Ceuse (Disease or Injury that initiated events resulting in death) Last Due to (or as a consequenca of) P.O. Box 68760. Physician/Medical Due to (or as a consequenca of): Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I. 23b. Did tobecco use contribute to the cause of deeth? 1 | Yes 2 | No 3 | Probably 4 | Winknown Records, by page 2 should be 24b. Were autopsy findings avelleble prior to completion of cause of deeth? Completed 24e. Wes an autopsy performed? 1□ Yes 2 No 1 ☐ Yes 2 ☐ No Vital ding Physician: director. Be 25. Wes case referred to medical examiner? 26. Plece of Death (Check only one) Hospitel: 1 Inpatient Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 2 2 ER/Outpatient 3 DOA ion of After this 27. Manper of Death 28a. Date of Injury (Month, Day Year) 28c. Injury et Work? Medical Certification: 28b. Time of 28d. Describe how injury occurred Natural 5 Pending investigation 1 🗌 Yes 2 Accident Ame 3 Suicide 6 Could not be determined 28f. Location (Street and Number or Rural Route Number, City or Town, State) 28e. Place of Injury - At home, farm, street, factory, offica building, etc. (Specify) 4 Homicide 1 Certifying Physicien: To the best of my knowledge, death occurred at the time, dete end place, end due to the ceuse(s) and manner as stated.
2 Medical Examiner: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated. 29a, Certifier with To the 29b, Signa 29c. License number 89266 29d. Date signed (Monthy Dey, Year)

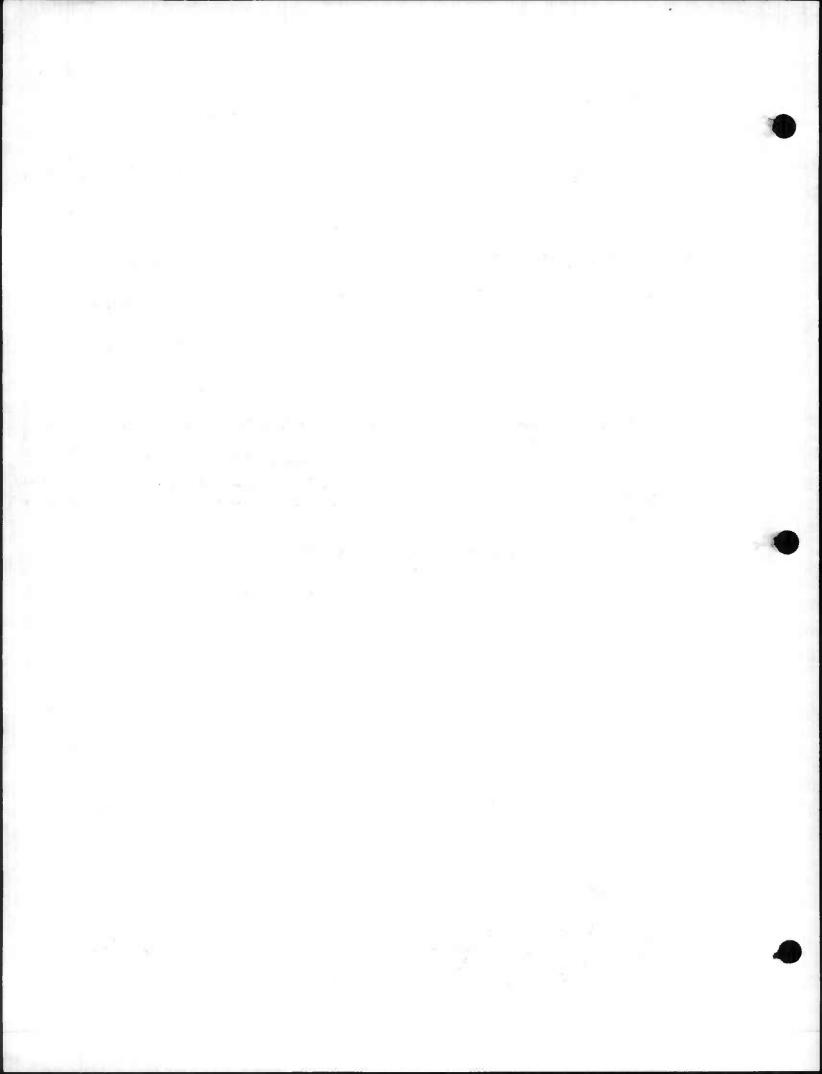
State Registrar

31. Dete filed (Month, Day, Year) 0 8 1997 32. Registrar's Signature Lulia Davidson

Mostata, M.D.

(Item 23e) (Tyge, Print)

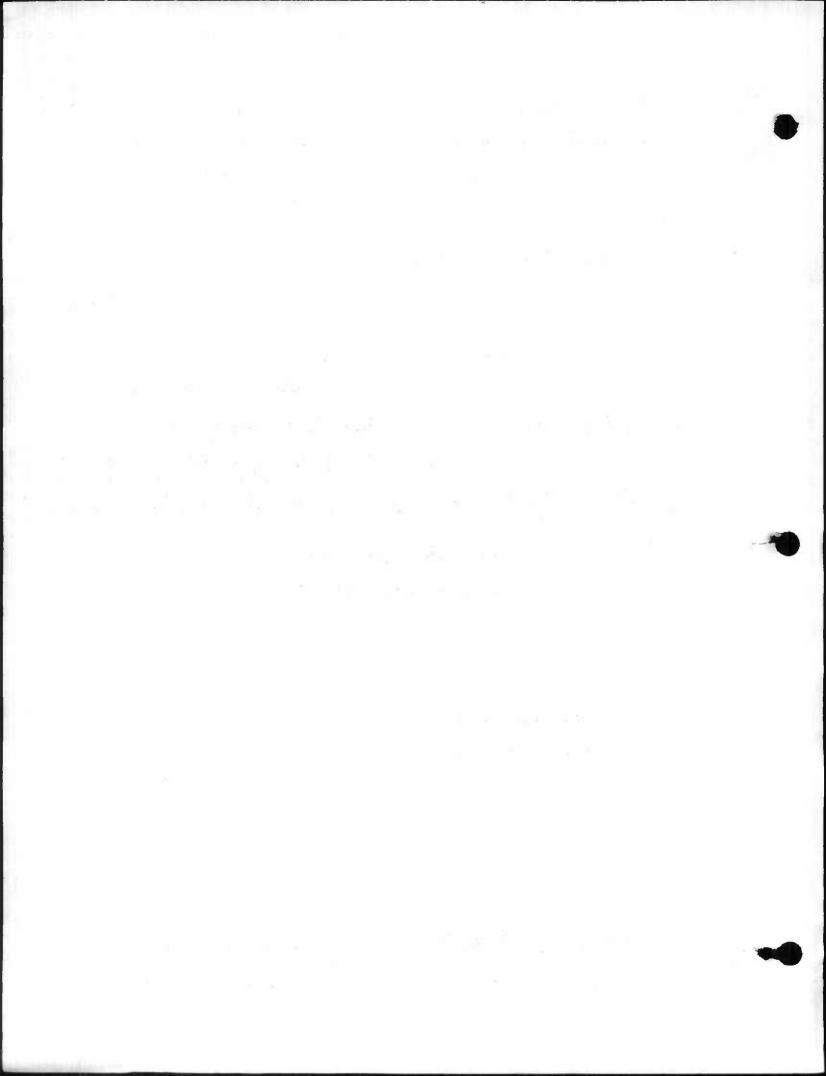
Go MORHAND CHENERAL HOSPITAL



Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 20472

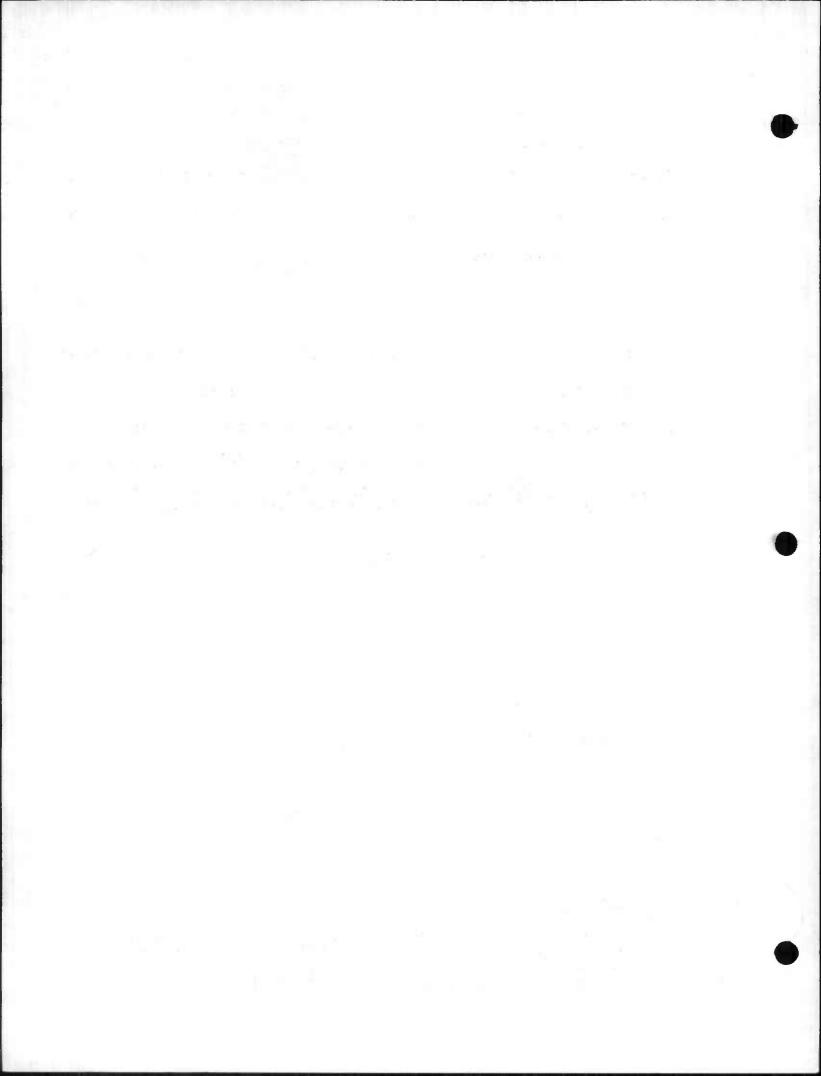
			Certificate	of Death		ı. No.	-	.0412
	Physic	an	1. Decedent's Neme (First, Middle, Last)		2. Date of Death Month	Day	Year_	3. Time of Death
	/Medi		BEATRICE NEBETT		JULY	5 1	997	240 AM
<b>)</b> .	Exami	ner	4e. Fecility Name (If not institution, give street and number)	4b. City, Town, or L		4c. County	of Death	
			SINAL HOSPITAL OF BALTIMORE  5. Social Security Number 6 Sex 7. And In vis. last hirthday 1 If Under 1	BALTIN		N.	14	
	Funeral Director			Year If Under 24 Hrs. Deys Hours Min.	8. Date of Birth (Month, Day, Y	'ear)	9. Birthpl Coun	lace (State or Foreign try) UNK.
	land w		10e. Sfate 10b. County 10c. City, Town or Location				10	0d. Inside City Limits
	Mary F	tor	MD. NA BAKTIM	one				Yes 2□No
	death with the Marylan ms 23s or 26s-f show man be notified	lrec	10e. Street end Number 10f. Zip C		10g	. Citizen of V	Vhaf Coun	try?
	th wi	ai C	4615 Park Heights Ave -	21215		113	A	
	items items	Funeral Director	11. Marifal Status 12. Was Decedent Ever in U.S. 13. Was Decedent Ever in U.S. 11. Was Decedent Ever in U.S. 11. Was Decedent Ever in U.S. 11. Was Decedent Ever in U.S. 12. Was Decedent Ever in U.S. 13. Was Decedent Ever in U.S. 14. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent Ever in U.S. 15. Was Decedent	nt of Hispanic Origin? (Sp y Cuben, Mexicen, Puerto	pecify Yes or No- Ricen, etc.)		e - America	
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5-6	n 72 hours netural',	Completed	15. Decedent's Education 16a. Decedent's Usual (Specify only highest grade completed) (Give kind of work	Occupation done during most of work ratired)	king 16	b. Kind of Bu	isiness/ind	Justry
121	within ena. then	mpi	Elementary/Secondary (0-12) College (1-40r 5+)	and the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of th		1		2
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ore,	8		20a. Method of Disposition (Name	of /	Dete 20	c. Location -	City or To	wn, State
Baltimore,	Pag Pag		Donafion 5 Other (Specify)	51 1/of 1	7-8-970	Wings	w.	1/c MID
alt	permit. Page Departmen Important: any Injury once.			Address of Facility	IberTP.	wyLi	'c 7	HPA
Ш	20 = 20		110/m2 639 1	1 Cilyan S	But Bu	Timor	. his	D 71717
	_		25a. Part1. Enfer the disease, or complications that caused the death. Do not enter the mode shock, or haart failure. List only one cause on each line.	of dying, such as cardiac	or respiretory erres	t,	-711-6	Approximete Interval Between
	Physician						1	Onset end Death
1	/Medical Examiner		Immediate Ceuse (Final disease or condition rasulting in death)  a. MYOCKIZDIAL INFARZ	CTION				
Ш		e	Dua to (or es a consaquance of):	21 - 1 -				
	uted	Examiner		LOCK			-	
ć	be executed sician and bunal-transit	Еха	Sequentially list conditions, if any, leading to immadiate ceuse. Enter Underlying Cause (Disease or Injury that initieted evants  Due to (or as a consequence of):				1	
68760,	cata be e physician s the buria	Icai	Cause (Disease or injury that initiated evants resulting identity) Lest Due to (or as e consequence of):					
	ntifica ng ph	Med	resulting in death) Last					
Box	th ce tandii	an	d					
	requires that the death certificate be executed en signed by the attending physician and hould be detached for use as the bunal-transit	by Physician/Medical	Pert II. Other significant conditions contributing to death but not resulting in the underlying cat	ise given in Part I.	23b. Dld tobe	acco use cor	tributa to	the cause of death?
P.0	d by	Phy	ALZHEIMER'S DEMENTIA		1 ☐ Yes	2□ No	3 Prob	bably 4 Unknown
sion of Vital Records,	w requires that been signed to should be deta		The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				0.45 34/-	
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₹	Physician: The law mis certificate has b mi director, page 2 s	o Be	25. Was cese referred to madical examiner? 1 □ Yes 2 ☑ No Hospital: 1 ☑ Inpatient 2 □ ER/Outpatient 3 □ DOA	Other	th (Chack only ona)			
0	Phy arms	H	27. Mannar of Death 28a. Date of Injury 28b. Time of 28c	c. Injury at Work?	ome 5 Residence 28d. Dascribe how			9
lo	and and and and and and and and and and	atio	1 ☑Natural 5 □ Pending (Month, Day Year) Injury 2 □ Accident invastigation M	Work? 1 ☐ Yas 2 ☐ No				
Nis	A TO STORY	tific	3 ☐ Suicide 4 ☐ Homicide  6 ☐ Could not be datermined  28e. Place of Injury - Af homa, farm, street, factory, building, etc. (Specify)	office	28f. Location (Street City or Town, S	et and Numb	er or Rura	Route Number,
ā	10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to 10 to	Certification: To	building, etc. (cycony)		ony or rown,	Jiuio,		
	n 24 Höte n 24 Höte Funer plet kill	Medical	29a. Certifier (Check only one)    Certifying Phyalcian: To the best of my knowledge, death occurred at 2	tha time, data and place, my opinion, daath occur	and dua to tha caused at tha tima, data	sa(s) and ma a and place, a	nnar as stand due to	ated. the cause(s)
	To Wit	Σ		License number		l. Defe signed		
	7		Hermifer Hargem Mo AS	2402321-JH-	9519	JULY 5	2110	197
	-5		30. Name and addrass of person who complated cause of death (Item 23a) (Type, Print)	UNIFER D. HALPE	EN, MD.			
			SINAL HOSPITAL 2401 WEST BELVEDBO	E AVENUE BALT	IMORE, M	HAYLK	NO :	21215
	Sta Registr	_	31. Dete filed (Month, Day, Yaar)  JUL 0 8 1997  32. Registrar's Signature					



State of Maryland / Department of Health and Mental Hygiene 97 20473

						Cer	tificate	e of	Death	1		Reg. No.		20170
П	-	П	1. Decedent's Name (First, Middle, La	rst)							2. Date of D	eeth	-	3. Time of Death
ı	Physic		DOROTHY	NORRIS	O'MALLE	v					Month JULY	Dey 4	Year 1997	5:20AM
ĸ.	/Medi		4a. Facility Name (If not institution, give			1			4b. City. T	own, or Lo	ocation of Dea		unty of Deeth	
и	Exami	ner										10.00		
Н		_	MERIDIAN NURSING 5. Social Security Number 6.5		LONG GF Age (In yrs. lest b		If Under	1 Year		TIMOF r 24 Hrs.	RE 8. Date of B	Inth	N/A	1
п	Funerai			1  M 2√2 F / . /		Yrs.	Months	Days		Min.		ey, Yeer)	9. Birti	place (State or Foreign intry)
	Director		213-09-4801 Usual Residence of Decedent	Α	83						JUN 16	1914	MAI	RYLAND
	pug *		10a. Stete 10b. County		10c. City, Tox	wn or Lo	cation							10d. Inside City Limits
	aho a	5	MD N/A		BALT									1 AYes 2 No
	Ne Ne Ne Ne Ne Ne Ne Ne Ne Ne Ne Ne Ne N	Director	,		DALI	IMOI								
	5 6	ā	10e. Street and Number				10f. Zip	Code				10g. Citize	n of What Co	intry?
	72 hours after death with the Maryland natural', or flems 23e or 28e-f show 5 sel Examiner must be notified at	Ta	112 WEST UNIVER	SITY PARK	WAY			2]	1210				USA	
	r da	Funeral	11. Marital Status	12. Was Deceder Armed Forces	nt Ever in U,S.	13. V	Vas Deced Yes, spec	ent of I	Hispanic O	rigin? (Sp	ecity Yes or N Ricen, etc.)	14.	Race - Amer Black, White	
0	or in		1 Never Married 2 Married	1 Yes 2			☐ Yes 2				, , , , , , ,	6		, 610.
21215-0020	ours aft	by	3	Year or Dates	:		103 2	LIZITO	ороспу			3,	pecify: WI	IITE
5-0	d within 72 hours jiene. r than "natural", the Med cal Ex	Completed	15. Decedent's E. (Specify only highest gre		166	a. Deced	lent's Usua kind of wor	l Occup	pation	nt of work	ina	16b. Klnd	of Business/I	ndustry
2	within sene.	ple	Elementary/Secondary (0-12)	College (1-4o	(5+)		OO NOT us			SI OI WOIK	ing			
2	d with giene. rr than	0,	12			INSU	JRANCI	E BI	ROKER			INSUE	RANCE C	COMPANY
b	be filed that Hygied of other event,	Be	17. Father's Neme (First, Middle, Last	)					18. Moth	er's Name	e (First, Middl	e, Maiden Su	meme)	
Maryland	0 = 0 •	To	HOWARD NORRIS						F	LSIE	CHITT	v		
37		-	19a. Informent's Name/Relationship (	Type, Print)	19	b. Mailin	a Address	(Street			al Route Num.		own. Stete. Z	ip Code)
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	8		29b. Signature and title of coulder  Medical Attendire 29c. License number  29d. Date signed (Month										, Day, rear)	
7			130 Neme and address of person who completed cause of death (Item 23e) (Type, Print)  19ul Schwarz MD 4000 Old Court Rd Suite 203 21208											
6.5	N		30. Name and address of person who		deeth (Item 23e)	(Type, I	Print)		0.4					
			Igul SchWARTZ	MD 4	an C	) (d	Cour	+	(20)	Suite	203	21	208	
	Sta	ite	31. Date filed (Month, Day Year)		yar's Slowde	2								
	Regist	rar	JUL 0 0 1331	1										

Registrar



State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First Middle Last) 2. Dete of Death 3. Time of Death **Physician** Month earson enn MA OSYO JULY 1997 /Medical 4e. Fecility Nema (If not institution, give street end numbar) 4c. County of Deeth 4b. City. Town, or Location of Death Examiner THE JOHNS HOPKINS HOSPITAL BALTIMORE CITY

If Under 24 Hrs. 8. Deta of Birth
(Month, Dey, Year) 5. Sociel Security Number If Undar 1 Yaar 6. Sex 7. Age (In yrs. lest birthday) Funerai Birthplace (State or Foreign Country) 1₽M 2□F Months Deys 230-48-2085 Vrs Director 60 25, FEB. 1937 VA. Usuei Residance of Decedent the Maryland 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits must be notified at MD. Director BALTIMORE ESSEX 1 Yes 2 No 10e. Sireet and Number 10f. Zip Code 10g. Citizen of Whet Country? 1021 OLD EASTERN AVE. items 23a APT. B 21221 U.S.A. Funeral 12. Wes Decedent Evar in U,S. Armed Forcas? 13. Wes Decedent of Hispenic Origin? (Specify Yas or No-if Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Raca - American Indian, Bleck, Whita, atc 1 Nevar Merried 2 Married 1 Yes 2 No if Yes, Give Yeer or Dates: Baltimore, Maryland 21215-0020 1 ☐ Yes 2 ☐ No P 3 ☐ Widowed 4 ☐ Divorced Specify: WHITE Completed 15. Decedent's Education (Specify only highest grede completed) Decedent's Usuei Occupetion
 (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Secondery (0-12) College (1-4or 5+) 12 YRS. WATERMAN FISHING 17. Fether's Neme (First, Middle, Lest) 18. Mother's Name (First, Middle, Malden Surneme) CLINTON Z. PEARSON LOLA MAY MASON 19a. Informant's Name/Reletionship (Type, Print) 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) LINDA T. PEARSON/WIFE 1021 OLD EASTERN AVE. BALTIMORE, MD. of Disposition (Name of 21221 20a. Method of Disposition 20b. Plece of Disposition (Name of cematery, cremetory or other plece) 1 ☐ Burial 2 ☐ Cremation 3 ☐ Ramoval from Steta 4 ☐ Donetion 5 ☐ Other (Specify) CHESAPEAKE CREMATORY 7/3/97BELTSVILLE, MARYLAND 21. Signatura of James al Sarvice Licensaa 22. Neme end Addrass of Facility MORAN ASHTON FUNERAL HOME, INC. 3000 E. BALTIMORE, MD. 2122 23e. Pert1. Enter the diseasa, or complication that causad the death. Do not entar the mode of dying, such as cardiac or raspiratory arrest, shock, or heer failure. List only one cause on each line. Approximeta Interval Between Onset and Death **Physician** Immediate Ceuse (Final disease or condition resulting in death) /Medicai Polmonary FIBrosis 4 years Examiner Due to (or es a consequence of): Examiner that the death certificate be executed physician and the burial-tran Sequentially list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disaese or injury that Initiated events resulting In deeth) Lest Due to (or as e consequence of). Box 68760. Physician/Medical Due to (or es a consequence of): attending for use as P.O. Pert il. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Pert I. 23b. Did tobacco use contributa to the cause of death? signed l Records, þ 24b. Were eutopsy findings eveilable prior to completion of cause of death? should I Completed 24a. Was en eutopsy page 2 certificate Yes 2 No 1 ☐ Yes 2 No Division of Vital al or Attending Physician: T s after death. Il Director: After this certificat ed in by the funeral director, pa 25. Wes case referred to medical exeminer? Be 26. Place of Deeth (Check only one) Hospitai: Other: 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 Inpatient 2 □ ER/Outpatient 3 □ DOA 27. Menner of Deeth 28b. Time of 28c. Injury et Work? 28d. Describe how injury occurred 5 Pending Investigation 1 Netural 1 ☐ Yes 2 ☐ No 2 Accident 6 Couid not be determined 3 Suicida Placa of Injury - At home, ferm, street, factory, office building, atc. (Specify) 28f. Location (Street end Number or Rurel Route Number, City or Town, State) 4 ☐ Homicide ours a 29e. Certifier 1 Certifying Phyeician: To the best of my knowledge, death occurred at the time, dete end place, and due to the cause(s) and manner as stated.
2 Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signeture end title of certifie 29c. License number 29d. Dete signed (Month, Day, Year) Neme and address of person who completed cause of deeth (Item 23e) (Type, Print) E. Monument St. Wiener hARles Baltimore, MD 21205 1830 , MD

Registrar

State

Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Last) 3. Time of Deeth 2. Dete of Deeth Month Judith PIAZZA 4e. Fecility Name (If not institution, give street and number)
JOHNS HOPKINS BOYVIEW MUCHOOL CINTUL 4b. City, Town, or Location of Deeth 4c. County of Deeth Baltmore N/A 8. Dete of Birth (Month, Day, Year)

Dec. 25, 1930 Massachusetts If Under 24 Hrs. Hours Min. If Under 1 Year 5. Sociel Security Number 7. Age (In yrs. last birthday) 9. Birthplece (State or Foreign 1□M 20 F 010-24-6429 66 Usuel Residence of Decedent 10b. County 10c. City, Town or Location 10d. Inside City Limits Kingsville 1 ☐ Yes 2 XNo Maryland Harford 10e. Street end Number 10f. Zip Code 10g, Citizen of Whet Country? U.S.A. 2501 Whitt Road 21087 12. Wes Decedent Ever in U,S. Armed Forces? Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Rece - American Indian, Black, White, etc. 1 Never Married 2 Married 1 ☐ Yes 2 X No If Yes, Give 1 ☐ Yes 2 No Specify: White Specify: 3 X Widowed 4 □ Divorced 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) 12th grade Tax Preparer Self-Employed 17. Fether's Neme (First, Middle, Last) 18. Mother's Neme (First, Middle, Maiden Surname) John Witkowski Mary Salasinska 19e. Informent's Neme/Relationship (Type, Print) (dqhtr) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) Kathryn Ann Piazza - Appel 2701 Reckord Road, Kingsville, MD 20b. Place of Disposition (Name of cemetery, crematory or other place) 20e. Method of Disposition 20c. Location - City or Town, State 1 Bunal 2 Cremetion 3 Removel from State Gardens of Faith Cem. 7/5/97 Baltimore, Maryland 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licensee 22. Name end Address of Fecility Schimunek Funeral Homes, Inc 9705 Belair Rd., Baltimore, Inc Tobes 21236 23a. Pert1. Enter the disease, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feilure. List only one cause on each line. Approximete Intervel Betw Onset end Deeth Immediete Ceuse (Finel diseese or condition resulting in death) SEPSIS Due to (or es e consequence of): ISHEMISZ Bower PEREPHERAL VASULAR DESEASE Due to (or es e consequence of) 23b. Did tobacco use contribute to the cause of deeth? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were eutopsy findings evelleble prior to completion of cause of death? 24a. Wes en eutopsy performed? 1 ☐ Yes 2 ☐ No

**Physician** /Medical **Examiner** 

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certificate

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To the Hospital or Attai within 24 hours after der To the Funeral Director completely filled in by th

funeral director,

Records, P.O.

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Physician/Medical

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Certification:

**Physician** 

/Medical

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Director

item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Medical Examiner must be notified at

d 2 should be filed within 72 th end Mental Hygiene. 7 is marked other than "ne

permit. Peges 1 and 2 st Department of Health end Important: If item 27 is rr any injury or other traum

the Marylend

Baltimore, Maryland 21215-0020

Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Ceuse (Disease or injury that initieted events resulting in deeth) Lest

Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

25. Wes cese referred to medical exeminer? 26. Piece of Deeth (Check only one) Hospital: Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 12 Inpatient 2 ER/Outpetlent 3 DOA 27. Menner of Death 28b. Time of 28d. Describe how injury occurred 28e. Dete of injury (Month, Day Year) 28c. Injury et Work? 5 Pending investigation 1. Natural 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 Suicide 28f. Location (Street and Number or Rural Route Number, City or Town, State) Place of Injury - At home, ferm, street, factory, office building, etc. (Specify)

29a. Certifier (Check only one)

1 Certifying Physicten: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medical Examiner: On the basis of exeminetion and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(s) end manner stated.

29b. Signeture end title of certifier

31. Dete filed (Month, Day, Year)

JUL 0 8 1997

29c. License number

29d. Date signed (Month, Day, Year) 1.97

30. Neme end addisso of person who completed cause of death (Item 23e) (Type, Print)

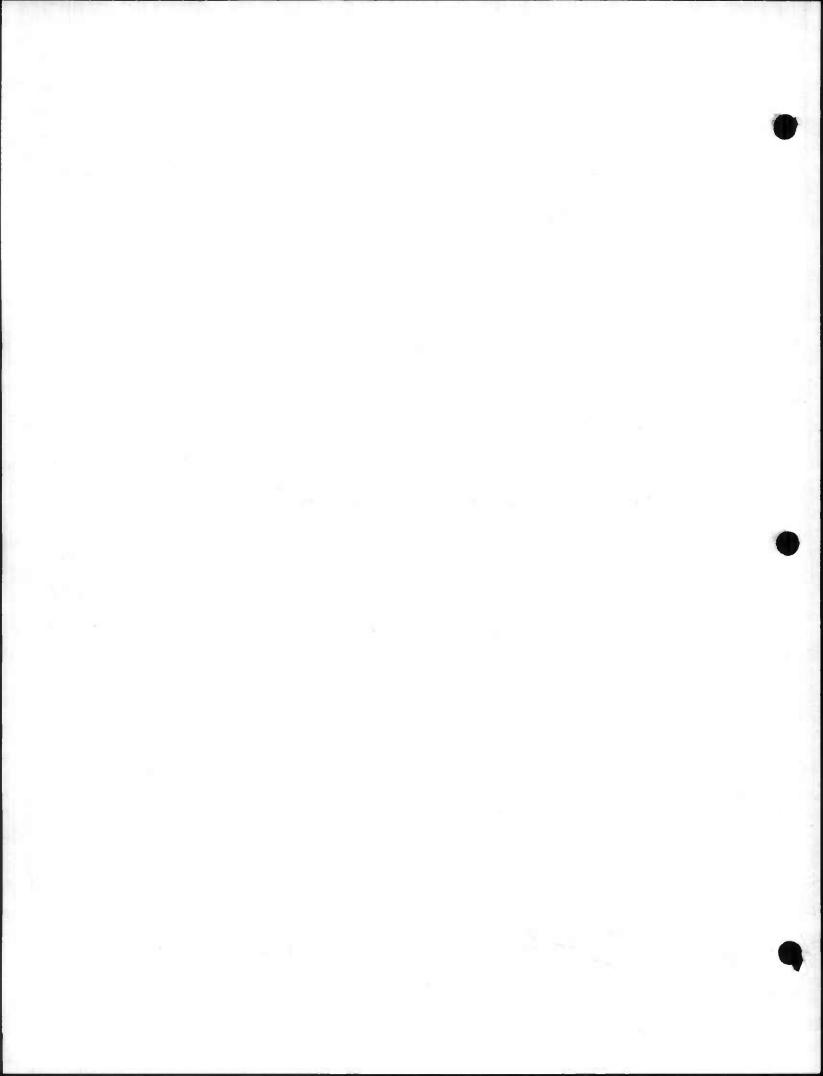
Baltimore MA 21224 JHBHC 4940 Eastern Ave Z. SIFTI, MD

State Registrar

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32. Registrer's Signature Mia Pavidson-Rando

M.D.



	State of Maryland	Certificate			31	204/6
Decedent's Name (First, Middle, Le	est)	Certificate	or Death	2. Date of Deeth	o	3. Time of Death
CATHERINE	Annagelle	RASSA		Month Da	Year Year	5P.M.
4a. Facility Neme (If not institution, gire		IMAGAM	4b. City, Town, or	Location of Deeth 4	County of Deeth	
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5. Sociel Security Number 6. 9	Sex 7. Age (In yrs. la		Year If Under 24 Hrs	8. Date of Birth	9 Righ	plece (State or Forei
216 05 0557	10 M 28 F 89	Yrs. Months	Days Hours Min.		707 MAG	CARLES
Usual Residence of Decedent  10a. State 10b. County	10.00			1		
		Town or Location				10d. Inside City Limi
	MORE	nozwoi				1 ☐ Yes 2. ₹\
10e. Street end Number		10f. Zip C	ode	10g. Ci	tizen of Whet Cou	intry?
	ANE	140 111 2	71388		V.S.	. A .
11. Meritel Status	12. Was Decedent Ever in U,S Armed Forces?	if Yes, specify	nt of Hispanic Origin? (S / Cuban, Mexican, Puer	Specify Yes or No- to Ricen, etc.)	<ol> <li>Rece - Ameri</li> <li>Black, White</li> </ol>	
1 Never Married 2 Married  3 Widowed 4 Divorced	1 Yes 2 No If Yes, Give Yeer or Detes:	1 ☐ Yes 25	No Specify:		Specify: \ \	11
15. Decedent's E		16a. Decedent's Usuel 0	Occupation	16h #	(ind of Business/Ir	3/1/2
(Specify only highest green Elementary/Secondary (0-12)	ede completed)	(Give kind of work life. DO NOT use	done during most of wo retired)	rking	and or businessyn	ladstry
3 7 RS	College (1-4or 5+)	MIZOHZ	AKER	7	Hos T.	omfan
17. Father's Name (First, Middle, Last	)			me (First, Middle, Meider	7 M - M - Long	01.140
WATTER SM	ITH BELT	IR	MAR	BACILS Y	LI KTZ	SHA
19a. Informant's Neme/Reletionship (		19b. Mailing Address (S	Street and Number or Ru	urel Route Number, City	-11100	p Code) 210
LROY J. RASS	A SR	2315 WAG	OC CLESTS	Rivs For	W.H.D.	MARYLA
20e. Method of Disposition	20b. Pla	ce of Disposition (Neme	of	Dete 20c. L	ocation - City or T	
1 ☐ Burial 22 Cremation 3 ☐ 4 ☐ Donation 5 ☐ Other (Specif	Removel from State	metery, cremetory or other	ARPEL-	1998 FOR	LIHTU	CARMAN
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Place of Dea Other: 4 Nursing H Injury et Work? 1 Yes 2 No	23b. Did tobacco 1  Yes 2 24e. Was en auto performed? 1 Yes 2 ath (Check only one)	psy 24b. Wave confidence of Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural and Number or Rural an	Approximate Interval Between Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Deeth Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end Onset end

29c. License number

33072

29d. Date signed (Month, Dey, Year)

To the Hospital or Attending Physician: The law requires that the death certificate be executed within 24 hours after deeth.

To the Funeral Director: After this certificate has been signed by the attending physicien and copicietely filled in by the funeral director, page 2 should be detached for use as the burial-transit Me

Division of Vital Records, P.O. Box 68760,

Physic /Med Exami

Funeral Director

permit. Peges 1 and 2 should be filed within 72 hours after death with the Maryland Depertment of Health end Mental Hygiene. Important: If items 27 is marked other than "natural", or items 23s or 28s-f show any injury or other traumatic event, the Medical Examiner must be notified anonce.

Physician /Medical **Examiner** 

Baltimore, Maryland 21215-0020

31. Date filed (Month, Dey, Yeer)
JUL 0 8 1997 State Registrar

29b. Signeture and title of certifier

30. Name and address of person who completed cause of death (Item 23a) (Type, Print) 3333 NORTH CALVERT 32. Registrer's Signature

diac

DHMH 16 Rev 6/95

RICHARD H. RANDALL, JR.

State of Maryland / Department of Health and Mental Hygiene

Certificate of Death

2. Dete of Deeth

8. Dete of Birth (Month, Dey, Year) 01-31-1926

Month

JULY

3. Time of Death

12:40 PM

	Physici /Medic Examir	an cai ner
	Funeral Director	
Baltimore, Maryland 21215-0020	nemit. Pages 1 and 2 should be filed within 72 hours efter deeth with the Maryland Pepartment of Health and Mental Hygiene. Important: If item 27 is marked other than "natural", or items 23a or 28a-f show myorrant: or other traumatic event, the Medical Evanance must be notified at ance.	To Be Completed by Funeral Director

RICHARD Н. RANDALL, JR. 4e. Fecility Neme (If not institution, give street end number) 2840 SISSON STREET 5. Sociel Security Number 217-20-5595 If Under 1 Year 7. Age (In yrs. lest birthdey) XIX M 2 F Yrs.

4b. City, Town, or Location of Deeth BALTIMORE

If Under 24 Hrs.

1997 4c. County of Death N/A

O3

Usuel Residence of Decedent

10e State

MD.

Examiner

Physician/Medical

þ

Completed

Be

Certification:

Medical

Department Important: If any injury or

Physician

/Medicai

Examiner

physician and s the buriel-transit

attending

signed by the a

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has pege 2

this

Aftar

To the Hospital or Attending within 24 hours after death.

To the Funeral Director: After

funeral

completely filled in by

Box 68760

Division of Vital Records, P.O.

71 10b. County 10c. City, Town or Location

BALTIMORE

Deys

10d. Inside City Limits XXYes 2□No

9. Birthplece (Stete or Foreign

MARYLAND

10e. Street end Number 301

KENDALL ROAD

N/A

10f. Zip Code 21210 10g. Citizen of Whet Country? U.S.A.

11. Maritel Stetus

1 ☐ Never Married X2 Married 3 ☐ Widowed 4 ☐ Divorced

1. Decedent'e Neme (First, Middle, Last)

12. Wes Decedent Ever in U,S. Armed Forces? XXVes 2□No 1944— If Yes, Give Yeer or Detes: 1945

 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes XXNo Specify:

14. Race - American Indien, Bleck, White, etc. Specify: WHITE

15. Decedent's Education (Specify only highest grede completed)

College (1-4or 5+)

PLUS

16a. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Elementery/Secondery (0-12)

DIRECTOR -CURATOR

MUSEUM

17. Fether's Neme (First, Middle, Last)

RICHARD Η. RANDALL 18. Mother's Name (First, Middle, Meiden Sumeme)

MARY BUZBY

19e. Informent's Name/Reletionship (Type, Print)

19b. Meiling Address (Street and Number or Rurel Route Number, City or Town, Stete, Zip Code) 301 KENDALL ROAD, BALTIMORE, MD., 21210

LILIAN M.C.RANDALL (WIFE)

20b. Plece of Disposition (Neme of cemetery, cremetory or other place)

20e. Method of Disposition 1 ☐ Buriel XXCremetion 3 ☐ Removel from State

GREEN MOUNT CREMATORY 7-5-97 BALTO., MD., 21202

20c. Location - City or Town, Stete

4 ☐ Donetion 5 ☐ Other (Specify) 21. Signature of Funerel Service Licensee

uls

22. Name and Address of Facility
HENRY W. JENKINS AND SONS COMPANY 4905 YORK ROAD, BALTIMORE, MARYLAND, 21212

23e. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart feiture. List only one cause on each line.

tmmedlete Ceuse (Finat disease or condition resulting in death) Arteriosclerotic cardiovascular disease Due to (or es e consequence of):

Due to (or es e consequence of)

Due to (or es e consequence of):

Sequentielly list conditions, if eny, leeding to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in deeth) Lest

2	3b.	DId	tobaco	o use	cont	ribute	to the	causa	of deal	h?
		10	Yes	2 N	0 3	B Pr	obably	45	Unkno	wn

24e. Wes en eutopsy performed?

24b. Were eutopsy findings eveileble prior to completion of cause of death?

Approximete Intervel Between

1 Ves 2 No 1 ☐ Yes 2 ☐ No

Was case referred to medical exeminer?
1 No 2 No

27. Menner of Deeth 1 Neturel 2 Accident 5 Pending investigetion

1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 28e. Date of Injury (Month, Day Year)

Place of tnjury - At home, ferm, street, fectory, office building, etc. (Specify)

Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert I.

Other: 4 Nursing Home 5 Residence 6 Other (Specify) SCENE 28c. tnjury et Work? 28b. Time of 1 ☐ Yes 2 ☐ No

28d. Describe how injury occurred

26. Ptece of Death (Check only one)

28f. Location (Street and Number or Rural Route Number, City or Town, State)

29a. Certifier

3 Suicide

4 Homicide

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end piece, end due to the ceuse(s) and menner es steted. **Medical Examiner: On the basis of examinetion end/or trivestigation, in my opinion, deeth occurred at the time, date end place, and due to the cause(s) end menner stated.

29b. Signeture and title of certifier

6 Could not be determined

29c. License number

29d. Dete signed (Month, Dey, Year)

O.C.M.E.

JULY 04,1997

30. Name end eddress of person who completed cedse of deeth (Item 23e) (Type, Print) WRIGHT MD DUNALO

31. Dete filed (Month, Day, Year) 0 8 1997

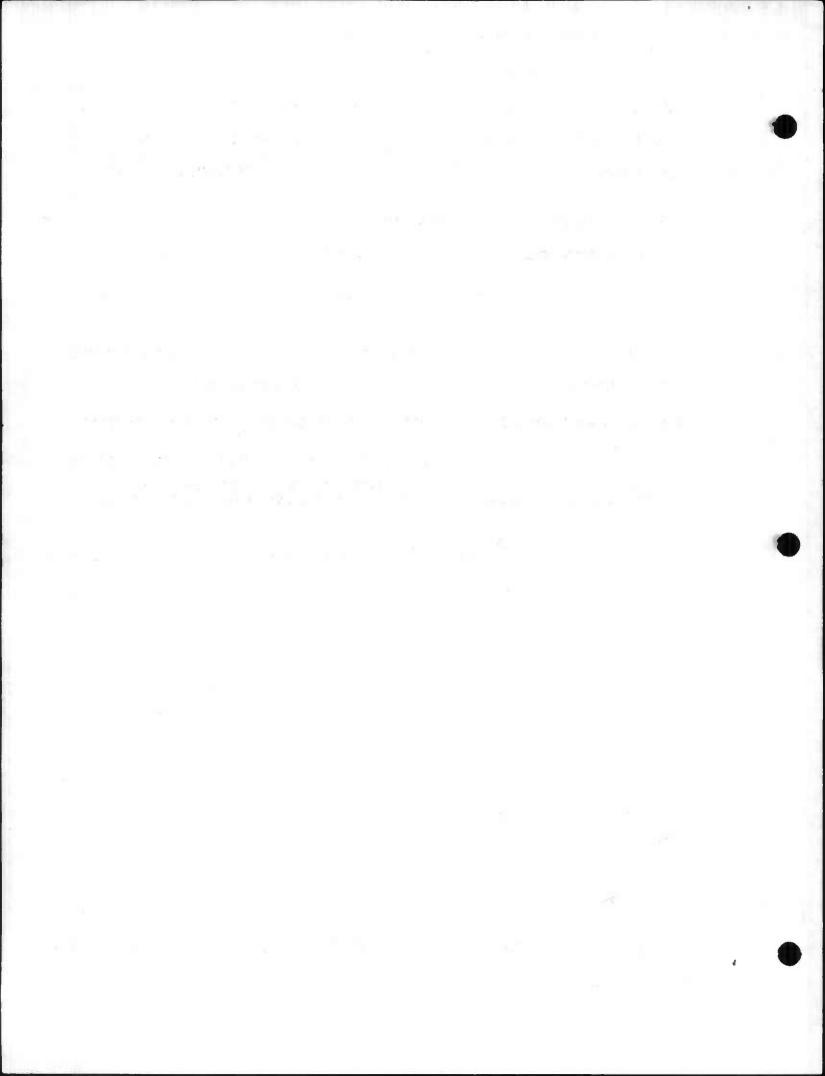
111 Penn Street, Baltimore, Maryland 21201

Registrar

State of Maryland / Department of Health and Mental Hygiene 97

							C	ertificate	e of	Death			Reg. No	).			
	Physici /Medic		1. Decedent's Neme (First, Mi	ddle, La	LEE		., 37,	F	ZY	BAK		2. Dete of D Month JULY	eeth		Yeer		e of Deeth
	Examir		4e. Fscility Neme (If not institu THE JOHNS HO)	_						4b. City, Too BALTIN		CITY	th 4c	. County	of Death		
	Funeral Director		5. Sociel Security Number 212-48-8082 Usuel Residence of Decedent		Sex I□M 2□XJF	7. Age (I	n yrs. last birthda 50 Yrs.	y) If Under Months	1 Year Deys		24 Hrs. Min.	8. Date of B (Month D 06/05/	ith 1947		9. Birthp Cour PA	olece (Sta ntry)	te or Foreig
Maryland	a-f show	tor	10e. Stete 10b. Cou		ORE	10	Oc. City, Town or BALTII								1		e City Limits
th with the	23a or 28 at be no	Funeral Director	10e. Street end Number 2014 N. ROLLI	NG I	ROAD			10f. Zip	Code 124	4			-	S.A.	f Whet Country?		
5-0020 72 hours efter deeth with the Maryland	al', or items 23a or 28a-f show Exposiner must be notified at	by	11. Meritel Status  1 Never Merried 2 N N 3 Widowed 4 Divorce		12. Wes Dec Armed F 1  Yes If Yes, G Yeer or I	orces? 2 XNo ive	r in U,S. 13	Nes Deced If Yes, spec	ify Cui	ben, Mexican	gin? (Sp , Puerto	ecify Yes or N Rican, etc.)	0-	Bled	a - Americk, White,	etc.	١,
21215-0020 d within 72 hours ef	natur	Completed	15. Dece (Specify only hig			)	18e. Dec	cedent's Usue ve kind of wor . DO NOT us	el Occu	ipation during most	of work	ing	16b. K	and of B	usiness/In	dustry	
2121 d within	other than	Ошо	Elementery/Secondery (0-1:	2)	Coilege (	(1-4or 5+)		CAL SE					ST.	AGN	ES H	OSPI'	TAL
Maryland 2	i Health and Mental Hyglene. Item 27 Is marked other than other traumatic event, train	To Be (	17. Fether's Name (First, Midd JOSEPH CHILDR		)							e (First, Middle R JANTC		Suman	ne)		
	n 27 Is me ner traum		19e. Informent's Neme/Reletic THEODORE RYBA				2014	4 NORTH	H R			AD BALT					
nol	t. Page tment o tant: If ijury or		20e. Method of Disposition  1 Burial 2 Cremetion 3 Removel from State 4 Donetion 5 Other (Specify)  20b. Plece of Disposition (Neme of cemetery, cremetory or other plece)  CHESAPEAKE CREMATORY  21. Signature of Funerel Service Licensee  22. Name end Address of Fecility  STERLING ASHTON FUNERAL HOME, INC.														
Balt permit.	Import any Inj once.		21. Signature of Funerel Servi	ce Licer	Made	2						NERAL H				1228	
x 68760, ertificate be executed	attending physician end as the burlel-trensit for use as the burlel-trensit	Medical Examiner	23a. Pen11. Enter the disease shock, or heert failure. It Immediate Ceuse (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disease or Injury that initiated events resulting In deeth) Lest	{		ORTI Du Par Du	e to (or es e cons	equence of):								2 c	Between and Deeth
ords, P.O. Bo	been signed by the attendin should be detached for use	Physician	Pert til. Other significent cond	itlons o	ontributing to d	leath but n	ot resulting in the	underlying or	euse g	iven In Pert I.	E.			use co			se of death
Records,	as been signe 2 should be o	Completed by											s en euto ormed?	ppsy	ev	ere eutop relieble pr empietion death?	
a R	certificate has rector, pege 2													No	1 (	Yes	No
of Vital	is certific director,	To Be	25. Wes cese referred to med examiner?  1 Yes 2 No	ICBI	Hospital:	npatient	2 ER/Outpat	ent 3 DO	A O	ther		th (Check only ome 5 ☐ Res		6 DOth	er (Snecil	(v)	
VISION OF	eath. de: Affer this the funeral		27. Menner of Death  1 Neturel 5 Per 2 Accident	stigation	28e. Dete (Mor		28b. Time	of 2	8c. tnj			28d. Describe				.,,,	
Taylor Am	led in by	Certification:	4 🗆 Homiciae	mined	build	ling, etc. (S		•				28f. Location City or To	wn, Stete	е)			Vumber,
14	Blay I	edicai	29a. Certifier (Check only one) Certifier (Check only one)	ying Ph at Exar	niner: On the b	e best of m pasis of ex- oner steted	y knowiedge, de eminetion end/or	eth occurred of investigation,	et the t in my	ime, dete en opinion, deat	d place, th occur	end due to the red at the time	ceuse(s , date an	end me d place,	enner es s and due te	tated. o the ceu	se(s)
10	dwoo	Me	29b. Signeture end title of cert	ifier				29c	. Licer	se number			29d. Da	ate signe	d (Month,	Dey, Yes	ur)
1	·n		1 Jan	//	Blake	, M.L.	Physic	ian R	ES	-00	00		Tu	4	6,	199	7
	10		30. Name and eddress of pers  31. Dete filed (Month, Day Ye	on who	completed ceu	se of deet	(Item 23e) (Types Hopkia	e, Print)	PITA	K 600	No	PETH WO	FE S	TREE	BA T M	LTH	AND
F	Sta Registr	_	31. Dete filed (Month, Day, Ye	a <i>r)</i>	2. 32h	Registrar's	SHARE										

Registrar



			7				Certi	ificate of	Death		Reg. No.		L. U 1	, ,
ľ	Physic	an	Decedent's Neme (First, Midd	lle, Last)						2. Dete of De Month		Year.,	3. Time	
J	/Medi		JOHN			DESKY						987	7:25	) PM
	Examir	ner	4e. Facility Nome (If not institution Saint Joseph			enter			4b. City, Town, or L TOWSO		th 4c. Count	of Death	imore	
	Funerai Director		5. Social Security Number 263–18–7392	6. Sex 1(1) M 2□		(In yrs. last bi		If Under 1 Yeer Months Deys	If Under 24 Hrs. Hours Min.	8. Dete of Bi (Month, Di June 2.	ay, Year)	Cou	plece (State intry) Sylvar	
	and w		Usual Residence of Decedent  10e. Stete 10b. County	,		10c. City, Tov	vn or Loca	tion					10d. Inside (	City Limite
	f aho	0	Maryland Balti			roo. Oxy, rov	Esse							s 2 No
	the 1	Director	10e. Street end Number	liore			ESSE	10f. Zip Code			10g. Citizen of	Whet Co.		Λ
	3a or		25 Walkern Rd.					2122	21		U.S.A.		,	
	death	Funeral	11. Maritel Status			ver in U,S.	13. We		lispenic Origin? (Sp an, Mexican, Puerto	ecify Yes or No	The second second		ican Indien,	
Maryland 21215-0020	within 72 hours after death with the Meryland ilena. Than "natural", or frams 23s or 28s-f show the Medical Examinet must be notified at	by	1 ☐ Never Merried 2 ☐ Mai 3 ☐ Widowed 4 ☐ Divorce	ried 1 TYes,	Forces? s 2 D N Give X or Detes:	0		Yes 2X No		Hican, etc.)	Specia	ck, Whita by: Wh	ite	
5-0	72 h	Completed	15. Deceder (Specify only highe	nt's Education	ed)	166	(Give kin	nt's Usuel Occup	during most of work	king	16b. Kind of B	iusiness/Ir	ndustry	
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lan	o d ai	o Be	William Roesky							Majeus		,,,,		
ary	s 1 end 2 should b f Health end Ments tam 27 Is markad other traumatic e	То	19e. Informent's Name/Relation	ship (Type, Pnint)		19	b. Mailing	Addrass (Street	and Number or Rui			, Stata, Zi	p Coda)	
	0 mm		Mary Lou Roesky	(Wife)					d. Baltim					
ore	of He		20e. Method of Disposition			20b. Pleca o	of Dispositi	ion (Name of tory or other pla	ca)	Dete	20c. Location	- City or T	own, Stete	
Ĕ	Pages ment of i		1 ☑ Buriel 2 ☐ Cremation 4 ☐ Donetion 5 ☐ Other (5		om State				ardens 7/	8/1997	Baltimo	re C	o. Md.	•
Baltimore,	permit. Pages 1 end Depertment of Health Important: if itsm 27 any injury or other to		21. Signeyere of Funerel Service	Licensee /	1			lame end Addre		1 **	D 3			
ш	80 E 8 9		John W. L	wakou	ske				ki Funera Eastern A			d. 21	221	
П			23a. Per 1. Enter the disease, o shock, or haert failure. Lis	complications the	et caused in	the death. Do	not enter	the mode of dylr	ng, such es cardiec	or respiretory	errest,		Approxime Intervel Be	etween
	Physician /Medicai Examiner		Immediete Ceusa (Final disease or condition rasulting in death)	ASP	IRAT	ION P	NEUM	ONIA					Onset end	
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Box	eeth certi ettending I for usa a	an/M		d. CAR	CINC	MA OF	THE	PROST	ATE				YEAR	≀S
		Physician/	Pert II. Other significant condition	ona contributing to	death but	not resulting	n the unde	erlying cause giv	ven in Pert I.	23b. Dld	tobacco uas co	ntribute	to the cause	s of death?
0	law requires that the de as been signed by the e 2 should be detached i	Phy	ATHEROSCLERO	TTC CAF	יסדמ?	/ASCIIT	AR I	OTSEASI	E.	1 🗆	Yes 2□ No	3 Pro	bably 4	Unknown
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Records,	v require been si should l	Completed	SEVERE PHARY	NGEAL I	DYSPI	HAGIA					s an autopsy ormed?	6.	ere eutopsy vellable prior ompletion of	r to
Rec	has l	mp										01	daath?	
e	ysician: The lav is certificate has director, page 2		25. Was case referred to medica						00 Discort Discort		Yas 2 No	1	☐ Yes 2	□ No
of Vital	Physician: r this certific aral director,	To Be	examinar?	Magnitule	Inpatien	t 2 ER/O	utnetient	3□ DOA Oth	26. Pleca of Deal		ona) idenca 6 □Oti	ner (Spec	(6v)	
0	g Phys er this neral di		27. Mennar of Death	28e. De	te of Injury		Time of	28c. Injui			how Injury occu		197	
Ö	Attending ir death.	atio	1 Naturel 5 ☐ Pendii 2 ☐ Accident investi	gation	ornir, Day	( bai)	Injury		Yes 2□No					
Division	in Digital	Certification:	3 ☐ Suicide 6 ☐ Could 4 ☐ Homicide determ	nined 288. Pl	ece of Injur ilding, etc.	ry - At homa, fa (Specify)	arm, street	t, fectory, offica			(Street and Num own, State)	ber or Rui	ral Route Nu	mber,
	To the Hospital or within 24 hours efter To the Funeral Dir completely filled in	edicai	29e. Cartifiar (Check only one) 1 Certifyli 2 Medical	Exeminer: On the	tha best of basis of e enner stat	examinetion er	a, death or nd/or invas	ccurred et the tire stigation, in my d	ma, data and placa, ppinion, deeth occur	and dua to the red et the time	causa(s) and m , date end pieca,	annar as end due	stated. to the cause	e(s)
	To t With To t	2	29b. Signeture and title of certifie	llos.	m	.D.		29c. Licens D 258			29d. Dete signe	H i	Day, Year)	
	B		30. Name and address of person					ROAD	TOWSO	N, MAF	RYLAND	212	04	
	Sta	te	31. Dete filed (Month, Day, Year,	32	Registre	's Signature								
	Registr	ar	JUL 0 8 1997	Julio	David	con-frond	682							
DH	MH 16 Rev 6/9!	5		U		0								

DHMH 16 Rev 6/95

# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death Reg. No.

		Decedant's Nam	a (First, Middle	e, Last)			00	rtificat	0 01			2. Data of Da	Reg. No.		3. Tima of Deeth
Physician	١			1. Rennin	nger							Month	Day	1997	3:30 PM
/Medica Examine	_	e. Fecility Nama (I	ff not institution		number)					4b. City, T Fall		ocation of Deat	h 4c. Cour	nty of Death Uniford	
Funeral Director		5. Sociel Sacurity N 173-18-3		6. Sax 1 ☑ M 2 □ F		o (fn yrs. last	t birthday Yrs.	if Undar Months	1 Yaar Days	if Unde Hours	r 24 Hrs. Min.	8. Date of Bir 1 2-16-	th y.g'ear)	9. Birthp	placa (State or Foreign
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23a or 28a-f show		Maryland	Harfo	and	ĺ		inad							1	0d. inside City Limits 1 ☐ Yes 2 ☐ No
or 28a-f s be notified	3	10e. Street end Nur		7/14		AU	<i>zn</i> gu	10f. Zip	Coda				10g. Citizan d	of What Cour	
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aumatic ev		19e. informant's Na	ame/Ralations	nip (Type, Print)			19b. Meil	ng Addrass	(Street	and Numb	oer or Run	al Routa Numb	er, City or Tow	m, Stata, Zip	Coda)
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ponce		22. Nama and Address of Feellity Schimunek Funeral Home of Bel Air, Inc. 610 W. MacPhail Rd. Bel Air, Md. 21014													c.
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P	3	0. Nama and addre	ss of person w	no complated car	usa of day	ath (item 23	e) (Type	Print)	YI	778	2		July	3,1	997
		MAN	JUIL	M- LX	ZXT	DN	M	)	8	Law	Str	reet, t	tberde	en, l	Maryland
State	3	1. Data filed (Mont	h. Day, Yaar)	9 , 32.	Begistrar	's Signature	-	7							-1001



State of Maryland / Department of Health and Mental Hygiene

Certificate of Death 1. Decedant's Nama (First, Middle, Last) 2. Data of Death Month July **Physician** ROY HOWARD RENGSTORFF :57 AM /Medical 4a. Facility Nama (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death **Examiner** Fallston General Hospital Fallston Harford | House | Hours | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | House | Hous 5. Social Sacurity Number 9. Birthpiaca (State or Foreign Country) New Jersey 7. Aga (In yrs. last birthdey) **Funeral** 1∭ M 2□ F 64 Yrs. Director 148-26-2766 Usual Rasidenca of Decedant filed within 72 hours efter deeth with the Maryland 10a State 10b. County 10c. City, Town or Location 10d. Insida City Limits 7 is marked other than "natural", or items 23a or 28a-f show traumstic event, the Madical Examiner must be notified at Director 1 ☐ Yas 2 🕅 No Maryland Harford Bel Air 10e. Street and Number 10g. Citizan of What Country? 10f. Zip Coda 1005 Glenangus Drive 21015 U.S.A. Funeral 12. Was Decedanf Evar in U,S. Armed Forcas? 1 (X) Yas 2 □ No If Yas, Giva Yaar or Datas: 13. Was Decedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - American Indian, Black, Whita, atc. 1 Navar Marriad 2 Married Saltimore. Maryland 21215-0020 1 ☐ Yas 2 ☒ No Specify: þ Specify: 3 ☐ Widowed 4 ☐ Divorced WHite Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedant's Education 16b. Kind of Business/Industry (Specify only highest grade completed) al Hygiene. Elemantary/Secondary (0-12) College (1-4or 5+) Optometrist years Optometry 17. Fathar's Nama (First, Middle, Last) permit. Peges 1 and 2 should be file Department of Health end Mental Hy Important: If item 27 ie marked otheny any injury or other treumstic event 18. Mothar's Nama (First, Middle, Meiden Surname) Be Elmer Rengstorff Anne Droutman 0 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street end Number or Rural Route Number, City or Town, State, Zip Code) Vickie Rengstorff (Wife) 1005 Glenangus Drive. Bel Air. MD. 21015 20b. Placa of Disposition (Nama of cametery, crematory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, Stata 1 X Burial 2 ☐ Cramation 3 X Ramoval from Stata 4 ☐ Donation 5 ☐ Othar (Specify) 7/10/97 Arlington National Cem. Arlington, Virginia 22. Nama and Addrass of Facility
Schimunek Funeral Home of Bel Air, Inc.
610 W. MacPhail Road, Bel Air, MD. 21014 21. Signature of Funaral Sarvice Licansea 23a. Part1. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Intarval Batwean Onset and Death **Physician** /Medical Immediata Cause (Final disaasa or condition rasulting in daath) Examiner Examiner Sequantially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or Injury that initiated evants resulting in death) Lasf Physician/Medical Dua to (or as a consequence of): is certificate has been signed by the a director, page 2 should be deteched for Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 ☐ Linkstown ρ Be Completed 24a. Was an autopsy performed? 24b. Were autopsy findings available prior to complation of causa of death? After this certificate has 1 Yas 2 DN6 1 Yas 2 No after death.

Director: After this certifica 25. Was casa rafarred to medical 28. Place of Death (Check only one) Othar: 4 Nursing Homa 5 Residence 8 Other (Specify) P 1 Yas 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA To the Hospital or Attending Phy within 24 hours after death. To the Funeral Director: After this completely filled in by the funeral ( 28a. Data of Injury (Month, Dey Year) Medical Certification: 27. Mannar of Death 28b. Tima of 28d. Dascribe how injury occurred 28c. Injury at Work? 1 DNatural 5 Panding invastigation 1 ☐ Yas 2 ☐ No 2 Accident 6 Could not be detarmined 3 Sulcida 28a. Place of Injury - At homa, farm, street, factory, office building, atc. (Spacify) 28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 4 - Homicida 1 Certifying Physician: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29a. Certifier (Check only one) 2 Medical Examiner: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and titia of certifiar 29c. Licansa number 29d. Data signed (Month, Dey, Year) 401 rusa of death (Item 23a) (Type, Print) AUE. 200 6. 32 Megistrar's Sharature Registrar

RugstorAf, Ray 4

State of Maryland / Department of Health and Mental Hygiene 97 20482

						Cer	tificate of	Death		Re	g. No.		
			1. Decedent's Nama (First, Middle,	Last)						2. Date of Death			3. Time of Death
П	Physic		LOUISE F	RANCES		ROE	BINSON			July	7, 1	997	1:55 AM
5	/Medi Exami		4e. Fecility Nema (If not institution,	give street end numbe	er)			4b. City, To	wn, or Lo	ocation of Death	4c. County	of Death	
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	Funeral Director		217-05-5555	1□ M 2ØF	84	Yrs.	Months Days	Hours	Min.	Dec. 10,	1912	Coun	Md.
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	/land		10a. Stata 10b. County		10c. City, To	wn or Lo	cation					1	Od. Insida City Limits
	Man	Po	Md. Bal	timore	TOW	son							1 ☐ Yas 2 No
	28s	Director	10e. Street and Number	01010			10f. Zip Coda			10	g. Citizan of V	Vhat Coun	itry?
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	then then	Funerai	1 Never Married 2 Marrie	Armed Force	s?	10. 1	Yes, specify Cub	en, Maxican	, Puarto	Rican, atc.)		k, Whita,	
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2	should be and Mental s marked or umatic eve	2	Bernard		Schramm				riet			Lehi	<del></del>
Maryland	C1 4 4 60		19a. Informant's Name/Ralationsh							al Routa Number,		· ·	
			Mr. Donald Robi	nson/son					ouse	Rd. Fre			
0			20a. Mathod of Disposition 1 □ Burial 2 □ Cramation	3 □Ramoval from Sta	ta 205. Place	ary, cran	sition (Nama of natory or othar pla	ice)	i	Data 2	Oc. Location -	City or To	wn, State
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Baltimore,	permit. Peges Depertment of Important: If it any injury or once.		21. Signature of Funaral Sarvice L	censee			. Nama and Addra						
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			23a. Part1. Entar the disaasa, or o	omplications thet caus	ed tha daath. Do					on, Md. 2 or raspiratory arra			Approximeta
ķ.	Physician		shock, or haart failura. List o	nly ona causa on aach	lina.							i	Intarval Batween Onset end Death
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	Examiner		diseasa or condition resulting in death)	a				114	441	No Di	Sepse	i	- TEMP
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	nsit insit	Examiner		b			7 0					<u> </u>	
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9	P S		Cause. Enter Undarrying Causa (Disaasa or injury that Initiated evants	c			-						
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K	00 P 8			d									
ŭ.	1 1 2	Physician											
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Š,	8 60	by										T	
Hecord	v requires been sign should be	ted								24a. Was an perform		eve	ara autopsy findings eilable prior to
Q Q	aw 2 S	pje	-	·							,	of e	mpletion of cause daath?
r	0 - 0	Completed								1 □ Ya	s 2 PNo	10	Yes 2□ No
Vital		Be	25. Was casa refarred to medical					26. Placa	of Death	h (Chack only one	)		
>	Physician: this certific ral director,	ToE	axaminar? 1 ☐ Yas 2 ☑ No	Hospital:	itiant 2□ER/C	utpatien	t 3 DOA Ot	her:		me 5 Rasidar		ar (Specif	v)
o			27. Manner of Death	28a. Data of Ir		Tima of	28c. Inju Wo	ry at		28d. Describe ho	w injury occur	red	
ō	ath. r: After e fune	atio	1 ☑Natural 5 ☐ Panding 2 ☐ Accidant Invastiga		Day Year)	Injury		Yes 2 ☐ i	No				
Division	Attending or death. ector: After by the fune	fic	3 ☐ Suicida 6 ☐ Could no determin	ed 288. Place of I	Injury - At homa, I	farm, stra	aat, factory, office			28f. Location (Str.		er or Rura	I Routa Number,
בֿ		Certification:	4 ☐ Homicida	building,	atc. (Specify)					City or Town,	State)		
	To the Hospital or within 24 hours efter To the Funeral Director completely filled in		29a. Cartifiar 1 Cartifying	Physician: To the bes	st of my knowledg	e, death	occurred at tha ti	me, date and	d place.	and dua to tha ca	usa(s) and ma	innar as si	tatad.
	P. Ho Fu	edicai	(Check only 2 Madical E	xaminer; On the basis and manner	of examination a	nd/or inv	astigation, In my	opinion, daat	th occurr	ed at tha tima, da	ta and place,	and dua to	tha causa(s)
	within 2 To the	Me	29b. Signatura and title of certifier	N			29c. Lican	sa number		29	d. Dete signe	d (Month,	Day, Year)
	- s - ö		VF11	1 11	,		771	180					
1			- C /left	190			V3/	107			1.01	11/	17/
	5		30. Nama and address of person w		f death (Item 23a)	(Type, I	Print)	120-	21	FD, E	,	0-	13
			M.J. MINEC		08/	5 4	ALTHAM	W01	ده	MD, E	MAMO	R	100
	Sta		31. Data filed (Month, Day, Year)	2. Regis	strar's Signatura								
	Regist	rar	JUL 0 8 1997	June wand	con-Navar	6							

97-3646-003 AM Jean

Robe

### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible.

State of Maryland / Department of Health and Mental Hygiene 97 Certificate of Death

3. Time of Death

Physician	
/Medical	
Examiner	

1. Decedent's Neme (First, Middle, Last) Jean Elizabeth 2. Date of Deeth MenthLY

1610 HRS. Dey 2 , 1997 4c. County of Deeth Anne Arundel

**Funeral** Director

r than "natural", or items 23s or 28s-f show the Mapical Examples must be notified at

72 hours after

ifiled within 7 I Hygiene.

iges 1 and 2 should be filed vit of Health end Mental Hygie if Item 27 is marked other 1

Pages 1

permit. Page Depertment of Important: If any Injury or once.

**Physician** 

/Medical

Examiner

pug

5

Deen

certificate

funeral

in by

To the Hospital or Attending Physician: Within 24 hours after death.

To the Funeral Director: After this certifica

8

Records, P.O. Box 68760.

Division of Vital

that the death certificate be

-leind physician a Examiner

Physician/Medical

by

Completed

Be

Certification: To

Medicai

Baltimore, Maryland 21215-0020

Director

Funeral

à

Completed

Be

212-70-9367 Usual Residence of Decedent 10e State 10h Counts

41 Yrs. 10c. City, Town or Location

7. Age (In yrs. lest birthday)

Hours Min. June 15,1956

4b. City, Town, or Location of Death

Annapolis

 Birthplece (State or Foreign Country) Maryland

Md.

5. Social Security Number

Baltimore

4e. Fecility Neme (If not institution, give street end number,

**PArkville** 

Days

If Under 1 Yeer

10f. Zip Code

Months

10d. Inside City Limits 1 Yes 2 No

10e. Street and Number

4008 Silver Spring Road

6 Say

Anne Arundel Medical Center ER

1□M 2₽F

21236

10g. Citizen of Whet Country? USA

11 Maritel Status

1 Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced

12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 D No If Yes, Give Yeer or Detes:

 Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 ☐ Yes 2 XNo Specify:

14. Rece - American Indien, Bleck, White, etc. Specify: White

15. Decedent's Education (Specify only highest grade completed)

College (1-4or 5+)

16a. Decedent's Usuel Occupation (Give kind of work done during most of working life. DO NOT use retired)

16b. Kind of Business/Industry

Elementery/Secondery (0-12) 12th

Clerical

Office

17. Fether's Neme (First, Middle, Last)

18. Mother's Name (First, Middle, Meiden Sumame)

Joseph Charles Rohe

19e. Informent's Neme/Reletionship (Type, Print)

19b. Mailing Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) 17 Hidden Cove Court Baltimore Md. 21220

Joan Kahl/sister

20e. Method of Disposition

20b. Plece of Disposition (Neme of cemetery, cremetory or other place) Holly Hill Cemetery

7/5/97

Johanna Dickens

20c. Location - City or Town, Stete Baltimore MD.

1X Burlel 2 ☐ Cremetion 3 ☐ Removei from State 4 ☐ Donetion 5 ☐ Other (Specify)

21. Signeture of Funeral Service Licensee

not enter the mode of dying, such es cardiac or respiretory srrest,

22. Name and Address of Facility
Connelly Funeral Home of Essex 300 Mace AVe. Baltimore Md. 21221

23e. Per 1. Inter the disease, or complications that caused the death, shock, or heart failure. List opk one cause on each line.

e. Multiple Injuries and Drowning
Due to (or esta consequenca of):

Approximete Intervsl Between Onset end Deeth

Immediete Ceuse (Final disease or condition resulting in deeth)

Sequentielly list conditions, if eny, leeding to Immediate cause. Enter Underlying Cause (Disesse or injury that Initiated events resulting in deeth) Lest

Due to (or es e consequence of)

Due to (or es e consequence of)

Pert It. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Pert I.

23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown

Manic Depression

24e. Wes en sutopsy performed?

24b. Were sutopsy findings aveileble prior to completion of cause of deeth?

1 Yes 2 □ No 26. Place of Deeth (Check only one)

1 Xes 2□ No

25. Wes case referred to medical 1 Yes 2 No

27. Manner of Deeth 5 Pending Investigation

6 Could not be determined

Hospitel: 1 Inpatient 2 ER/Outpetient 3 DOA 28e. Dete of Injury (Month, Dey Year) 7/2/97

28b. Time of Injury 1531

Other: 4 Nursing Home 5 Residence 8 Other (Specify) 28c. Injury et Work? 1 ☐ Yes 20 No

28d. Describe how Injury occurred subject jumped from bridge

29e. Certifier (Check only one)

1 Neturel

2 Accident

3 Suicide 4 ☐ Homicide

28e. Piece of Injury - At home, ferm, sweet, factory, office building, etc. (Specify) Boy Bridge Chesa peaker Say Bridge

281. Location (Street and Number or Rural Route Number, City or Town, State) Boy Bridge A. A. Ce, Md

2 Medicat Examiner: On the basis of examination end/or investigation, in my opinion, deeth occurred at the time, date and piece, and due to the cause(s) end menner stated. 29c. License number 29d. Date signed (Month, Dey, Year)

29b. Signeture end title of cartifier

OCME

July 03, 1997

30. Neme and eddress of person with completed cause of deeth (Item 23e) (Type, Print)

III Penn Street, Baltimore, Md 21201 32. Pagistrar's Signature

State Registrar

#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Month BEATRICE 1412 JULY 4e. Fecility Neme (If not institution, give street and number) 4b. City, Town, or Location of Death 4c. County of Death NORTHWEST HOSPITAL CENTER RANDALLSTOWN BALTIMORE 7. Age (In yrs. last birthday) If Under 1 Year 5. Social Security Number If Under 24 Hrs. 8. Date of Birth (Month, Dey, Year DEC . 7, 1 9. Birthplace (Stete or Foreign 1 M 2 F Days 090-24-4638 88 Yrs 1908 POLAND Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No BALTIMORE BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 7920 SCOTTS LEVEL RD 21208 USA 12. Was Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑No If Yes, Give Year or Dates: Was Decadent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indien, Black, White, etc. 1 ☐ Never Married 2 ☐ Married 1 Yes 2 No Specify: WHITE 3 XWidowed 4 □ Divorced 16a. Decadent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decadent's Education 16b. Kind of Business/Industry (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4or 5+) HOMEMAKER OWN HOME 17. Fether's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Maiden Sumeme) KIRSCHNER MAYER SINGER ANNA 19a. Informant's Name/Reletionship (Type, Print) GEORGE STRUM (SON) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2507 SUMMERSON RD. BALTIMORE, MD 21209 20b. Place of Disposition (Name of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 X Burial 2 ☐ Cremation 3 ☐ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) CHEVRA AHAVAS CHESED 7/3/1997 RANDALLSTOWN, MD 21. Signeture of Funeral Service Licansee 22. Name and Address of Facility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such es cardiac or respiratory arrest, shock, or heart tailure. List only one cause on each line. Approximate Interval Between Onset and Death Immediete Cause (Final diseese or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es e consequenca of): Due to (or as a consequence of) 23b. Did tobacco use contributa to the cause of death? Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 1 ☐ Yes 2 No 3 ☐ Probably 4 ☐ Unknown Were eutopsy tindings aveilable prior to 24a. Was an autopsy performed? completion of cause of death? 2 No 1 Yes 1 ☐ Yes 2 ☐ No 26. Piece of Deeth (Check only one) Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work?

Physician/Medical Examiner P.O. Box The law requires that the death cert Records, þ 9 page 2 should Completed this certificate of Vital al or Attending Physician: The selfer death.

I Director: After this certificate Be 2 Certification: Division filled in by the

**Physician** 

/Medical

Examiner

**Funeral** 

Director

28a-1 show ns 23a or 28a-1 sh must be notified

items :

6

"natural",

Hygiene.

Peges 1 and 2 should be filed nent of Health and Mental Hygint: if tem 27 is marked other

nt of Health e If Item 27 is or other tra

Department of Important: If any Injury or once.

**Physician** /Medical

**Examiner** 

the Medical Examiner

Director

Funeral

Completed by

Be

death with the Maryland

filed within 72 hours effer

21215-0020

Baltimore, Maryland

25. Was case reterred to medical exeminer? 1 Yes 2 No Dete of Injury (Month, Day Year) 27. Menner of Death 5 Pending investigation 1 Natural 1 ☐ Yes 2 ☐ No 2 Accident 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 4 | HomicIde

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29a. Certifier

1 Certifying Phyalcian: To the best of my knowledge, death occurred at the time, date end plece, end due to the cause(s) and menner as steted.
2 Medical Examiner: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the cause(s) end manner stated.

29b. Signature and title ot cartifier 29c. License number 29d. Dete signed (Mon

30. Name and address of person

who completed cause of death (Item 23a) 32. Registrar's Signature

State Registrar

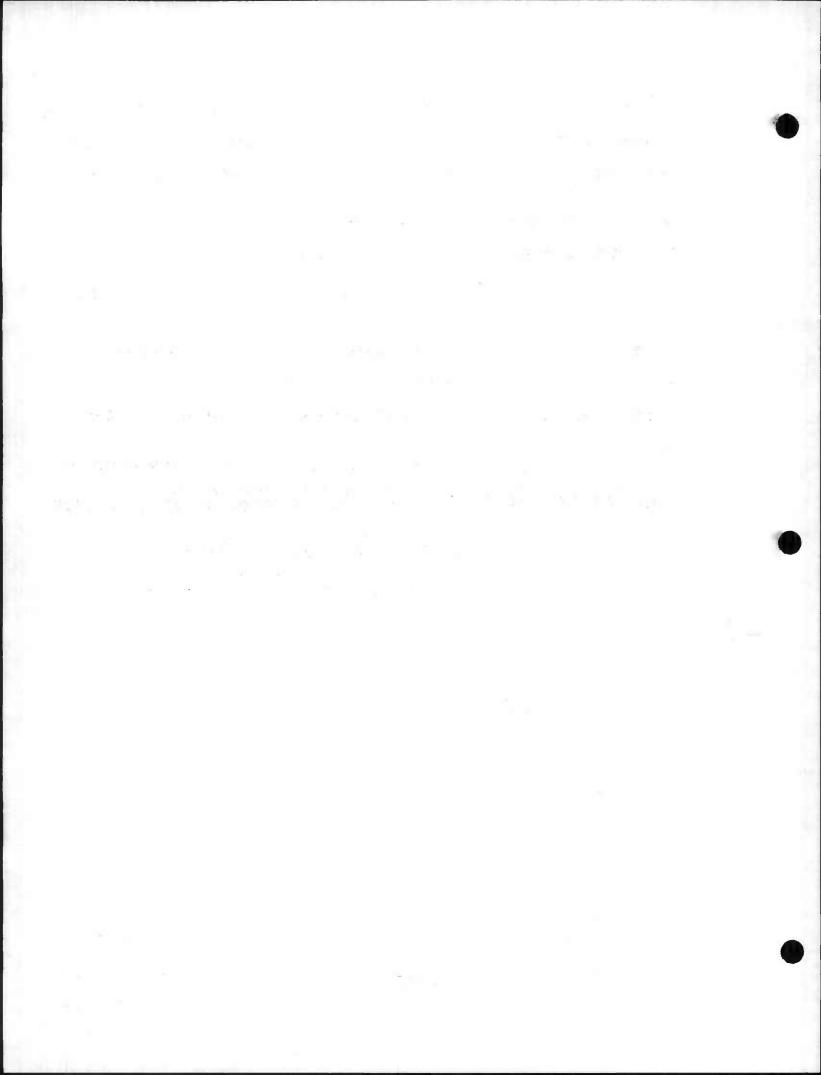
Medicai

31. Date tiled (Month, Dey, Yeer) JUL U 8 1997

a wydson-Randell

**DHMH 16 Ray 6/95** 

To the Hospital within 24 hours e To the Funeral D



State of Maryland / Department of Health and Mental Hygiene

**Physician** /Medical Examiner **Funeral** 

Director the Marylend

2

Be

r than "naturel", or items 23s or 28s-f show the Medical Examiner must be notified at death with permit. Peges 1 and 2 should be filed within 72 hours effer c Department of Health and Mental Hygiene. Important: If Item 27 is marked other than "naturel", or item any injury or other treumatic event, the territorial page.

> **Physician** /Medical Examiner

Records, P.O. Box 68760 Physician/Medical

signed by the a ai or Attending Physician: The safter death.

I Director: After this certificated in by the funeral director, pa

Division of Vital

by

Completed

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Certification:

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4 Homicida

(Check only one)

29a. Cartifiar

To the Hosp within 24 hor To the Fune completely fi

Hospital 24 hours e Funeral D

20485 Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death JULY LEONARD SOLLOD 7:17AM 4a. Facility Nama (If not institution, giva street and number) 4b. City, Town, or Location of Death 4c. County of Death 1616 DENNIS AVE. TOWSON BALTIMORE 5. Social Security Number If Undar 1 Yaar | If Undar 24 Hrs. Birthplaca (Stata or Foraign Country) 7. Aga (In vrs. last birthday) 8. Data of Birth (Month, Day, Year) 1 M 2 □ F Months Days Hours 80 Yrs 213-12-9861 MAY 5, 1917 MARYLAND Usual Rasidance of Dacedan 10a, Stata 10b. County 10c. City. Town or Location 10d. Inside City Limits Director 1 Yas 2 No MD BALTIMORE TOWSON 10e. Street and Number 10f. Zip Coda 10g. Citizen of What Country? 1616 DENNIS AVE. 21204 USA 12. Was Dacedant Evar in U,S. Armed Forcas? 1 G Yas 2 □ No If Yes, Giva Yaar or Datas: WWII Was Dacedant of Hispanic Origin? (Specify Yas or No-If Yas, specify Cuban, Maxican, Puarto Ricen, atc.) 14. Race - Amaricen Indian, Black, Whita, atc. 11. Marltal Status 1 Navar Marriad 2 Married 1 ☐ Yas 2 ☐ No Spacity: 3 ☐ Widowed 4 ☐ Divorced WHITE Dacedant's Usual Occupation (Giva kind of work dona during most of working lifa. DO NOT usa retired) 15. Dacedant's Education 16b. Kind of Businass/Industry (Specify only highast grada complated) Elamantary/Secondary (0-12) Collega (1-4or 5+) AGENT INTERNAL REVENUE SERV 17. Fathar's Nama (First, Middle, Last) 16. Mothar's Nama (First, Middla, Maiden Sumama) HARRY SOLLOD FANNIE P MORGANSTEIN 19a. Informant's Name/Ralationship (Type, Print) 19b. Malling Addrass (Straat and Number or Rural Routa Number, City or Town, Stata, Zip Coda) NAOMI STARK (AUNT) 2801 NEW MEXICO AVE., NW WASHINGTON, DC 20007 20b. Place of Disposition (Nama of cematary, cramatory or other p 20a. Mathod of Disposition 20c. Location - City or Town, State Cematary, cramatory or other place)
OHEB SHALOM MEM. PARK 1 Buriai 2 Cramation 3 Ramoval from Stata 7/7/97 REISTERSTOWN, MD 4 ☐ Donation 5 ☐ Othar (Spacify) 21. Signatura of Junarai Sarvice Licensaa 22. Nama and Addrass of Facility SOL LEVINSON & BROS., INC. 8900 REISTERSTOWN RD., PIKESVILLE, MD 21208 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, shock, or heart failure. List only one cause on each line. Approximata Interval Batween Onsat and Daath Immadiata Causa (Final disaasa or condition rasulting in death) Sequantially list conditions, if any, laading to immadiata ceusa. Entar Undarlying Cause (Disaasa or Injury that initiated avants rasulting in daath) Last Dua to (or as a consaquance of): Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 23b. Did tobacco use contribute to the cause of death? renal insufficiency 1 ☐ Yes No 3 ☐ Probably 4 ☐ Unknown 24b. Wara autopsy tindings available prior to completion of cause of death? arrythmea with pacemaker 24a. Was an autopsy performed? depressive psychosis Manic 1 ☐ Yas 2 ☐ No 25. Was cesa rafarrad to madical axaminar? 26. Placa of Daath (Check only ona) Othar: 4 Nursing Homa Aasidance 6 Othar (Specify) Hospital: 1 ☐ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 28a. Data of Injury (Month, Day Year) 27. Mannar of Death 26b. Tima of 28c. Injury at Work? 28d. Dascribe how Injury occurred Naturai 2 Accidant 5 Panding 1 ☐ Yas 2 ☐ No NA invastigation 6 Could not be datarmined 3 Suicida

26a. Place of Injury - At homa, farm, streat, factory, office building, atc. (Specify)

28f. Location (Straat and Number or Rural Routa Number, City or Town, Stata) 1 Certifying Physician: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and menner as stated.

2 Medical Examinar: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29b. Signatura and titla of certifiar - Kamesh MD

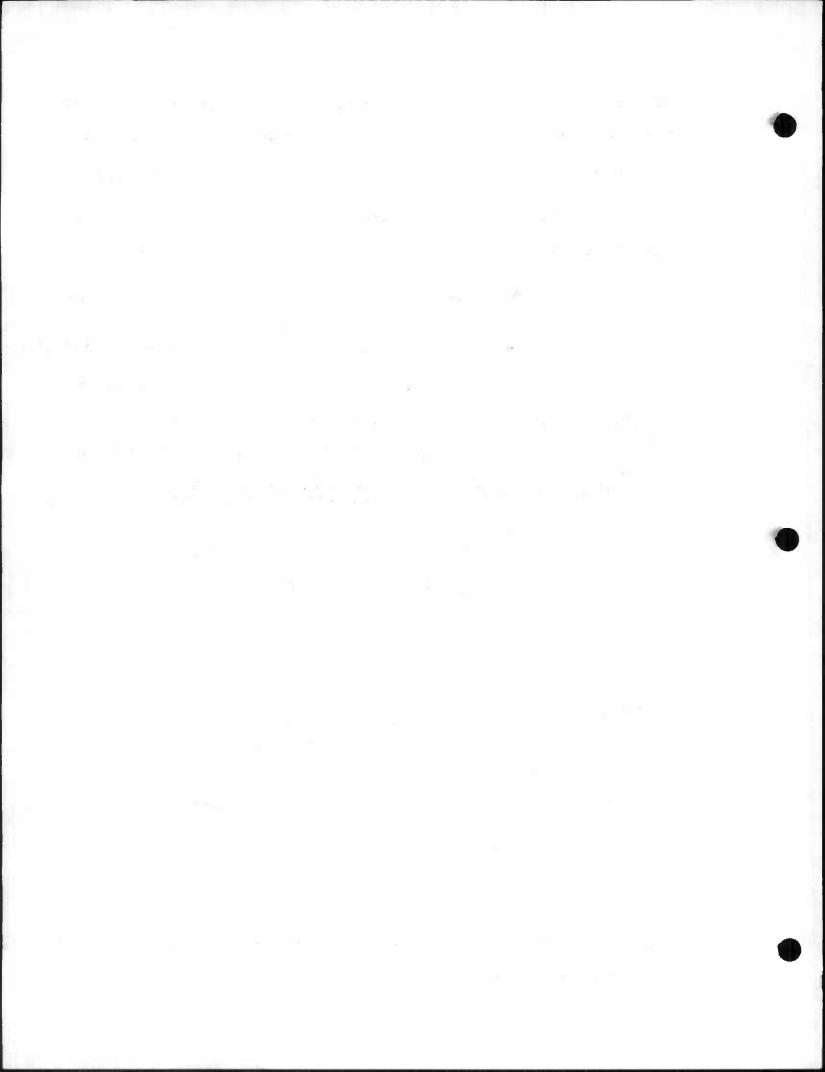
29c. Licansa numbar D44248 29d. Data signad (Month, Day, Year)

30. Nama and addrass of parson who complated ceusa of death (Itam 23e) (Type, Print)

MUTHULAKSHMI RAMESH MD 10N. GREENE ST BALTIMORE VA

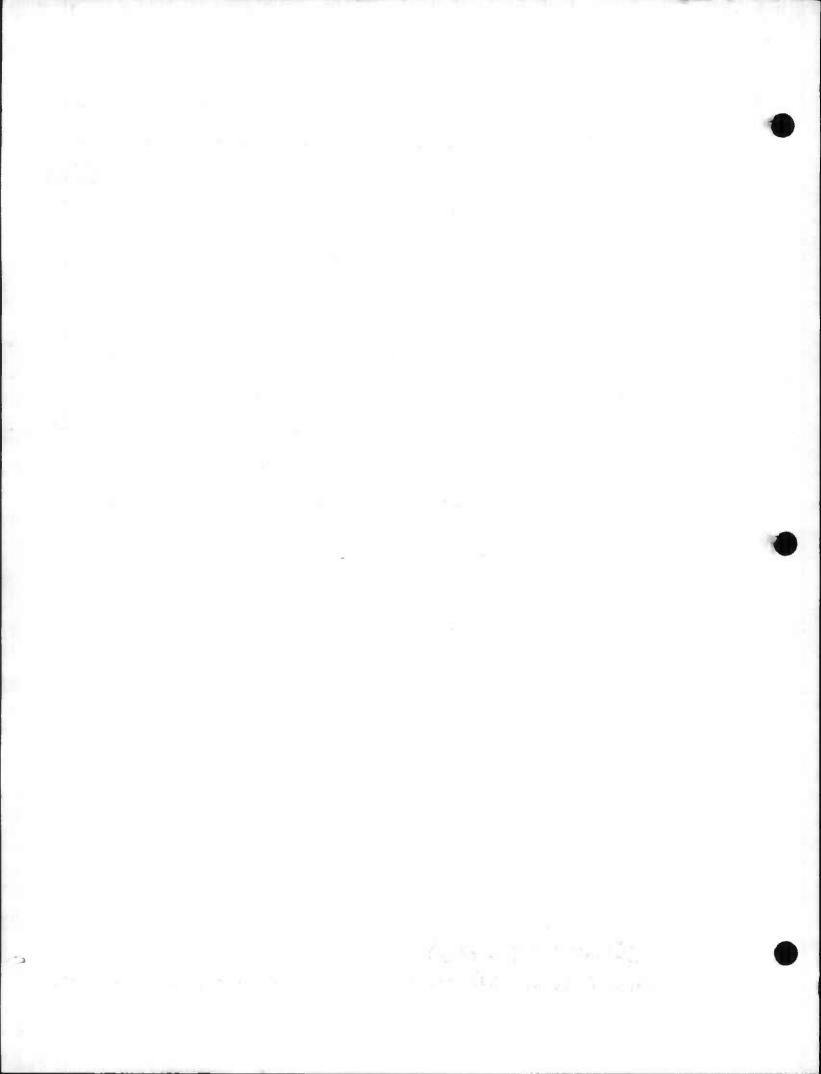
32 Begistrar's Signatura

State Registrar



## Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hydiana

	Jd	part I,27,28a-f per ME		th Certific	ate of Death	0.0-1- 40	Reg. No.			
Physic /Med		GARRY W. SNYGER JR.			2. Dete of Deeth Month Dey JULY 5 1		Yeer 7	3. Time of Deeth 10:30 pm		
Exami Funeral Director				R.  lest birthday) If Un  Monti	GLEN der 1 Year   If Under 24	BURNIE Hrs. 8. Date of B	ANNE	ARUN	NDEL ca (State or Foreig	
and **		Usuel Residence of Decedent  10a. Stete 10b, County	10c, Ci	ty, Town or Location				104	. Inside City Limits	
Meryl	tor	Manufand Baltim		MONIUM				1.00	1 ☐ Yes 2 🕱 N	
or 26s	Director	10e. Street end Number		,	Zip Code		10g. Citizen of	Whet Country	17	
permit. Pages 1 and 2 should be filed within 72 hours after death with the Meryland Department of Health and Mental Hygiene.  Department of Health and Mental Hygiene.  Department of Health and Mental Hygiene and Health and Health and Health and Health and Highly or other traumatic event, it a Medical Examinal must be notified at page.		106 Rose St			21093		U	SA		
	by Funeral	11. Maritel Stetus  1 ☑ Never Married 2 ☐ Married 3 ☐ Widowed 4 ☐ Divorcad	12. Was Decedent Ever in L Armed Forces? 1 ☐ Yes 2 ②No If Yes, Give Yeer or Dates:		cedent of Hispenic Origin pecify Cuban, Mexican, F 2 No Specify:	n? (Specify Yes or N Puerto Rican, etc.)		ce - American ck, White, etc v: White	ò.	
	eted	15. Decedent's E (Specify only highest gr	ducation ade completed)	16a. Decedent's U	work done during most o	f working	16b. Kind of B	usiness/Indus	stry	
	e Completed	Elementary/Secondery (0-12)  17. Fether's Neme (First, Middle, Last	College (1-4or 5+)	INVIRON	nental te	SHING Name (Fics), Middl	LNVIR e, Malden Sumen	ONME	ent	
	To Be	Garry W S	uyder SR.		Mary	Kathlee	n Cole			
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mit. Pages 1 ar partment of Hea portant: If Item; y Injury or other		20e. Method of Disposition 1 ☐ Burlel 2 ☑ Cremetion 3 ☐	Removel from Stete	Pleca of Disposition (i cametery, cremetory of	Neme of or other piece)	July 10	20c. Location	City or Towr	n, Stete	
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0 0 %	Physician/M	Pert II. Other significant conditions of	contributing to death but not res	ulting in the underlyin	g cause given in Pert I.	23b. Die	i tobacco use co	ntribute to ti	ne cause of deat	
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五 章 章		27. Menner of Deeth	28e. Dete of Injury (Month, Dey Year)   28b. Time of Injury P   28c. Injury et Work?   28d. Describe how in							
the the	Certification:	Neture   5   Pending investigation   7/5/97   10:30 M   1   Yes				28f. Location (Street and Number or Rural Route Number, City or Town, Stete) 7652 Waterwood Rd.,				
To the Hospital or At within 24 hours after of To the Funeral Direct completely filled in by										
the Horin 24 the Fu	fedical	77	niner: On the basis of examine and manner stated.			occurred et the time				
To To con	2	29c. License number O. C. M.					29d. Dete signed (Month, Dey, Year) JULY 7, 1997			
		30. Name and address of person who	completed cause of deeth (Iter	n 23a) (Typa, Print)						
		CLUKEDAS IN	( A. A. ) 11	1 Penn S	treet, Ba	Itimore	Marul	and 2	1201	



		1	. Decedent's Nam	ne (First, Middle, Le	st)			Certificat			2. Data of D	Reg. No.			3. Time of Death					
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Funeral		_	. Social Security N			7. Age (In yrs					8. Date of B									
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ž ==		-	10a. State 10b. County 10c. City, Town or Location										10d. Insida City Limits							
28a-f show	ō		MD.	BALTI	MORE				WOO	DLAWN			1 □ Yas							
28a-1	Funeral Director	10	0e. Street and Nu	mber				10f, Zip				10g. Citiz	en of Wh	at Count	in/?					
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a B	ľ		9a. Informant's Na	ame/Relationship (	Type, Print)		19b. I	Meiling Address	s (Street	t end Number or R	ural Routa Num	ar, City or	Town, St	ete, Zip	Code)					
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7 0			1 ☐ Burial 27 4 ☐ Donation	□Cremation 3 L 5 □Other (Specification)																
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State Registrar

30. Name and eddress of person who con ABMC
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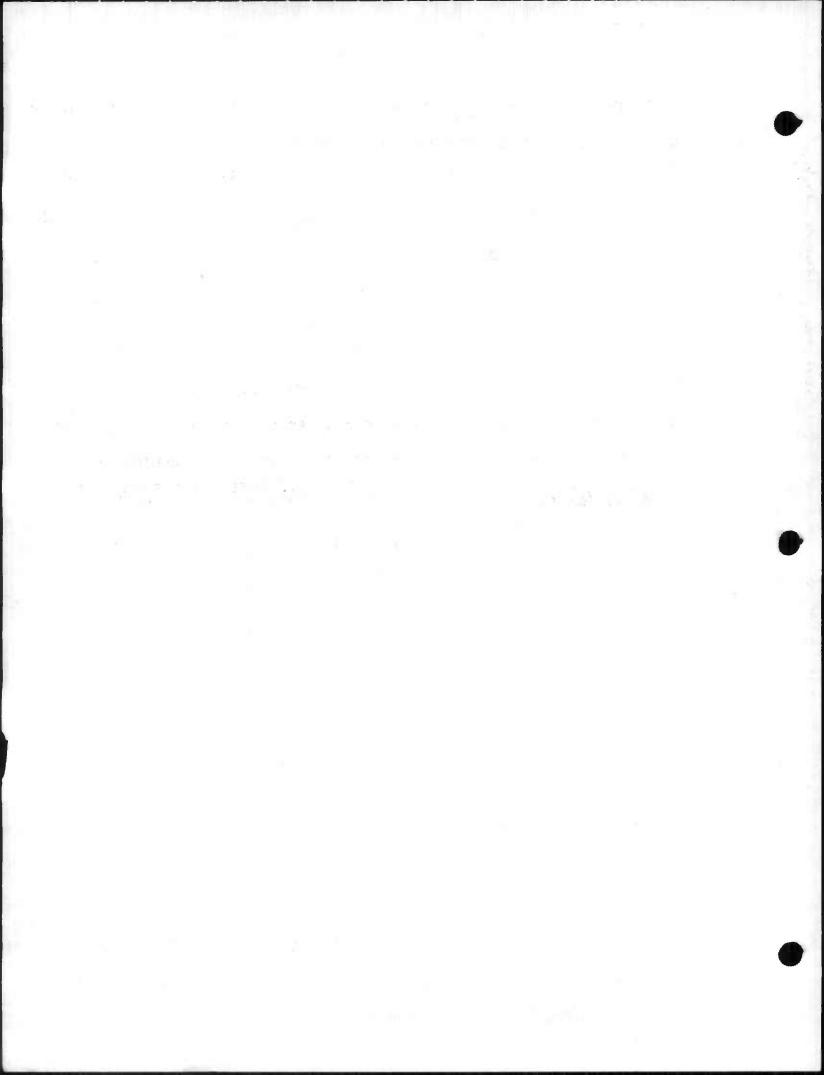
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32. Registrar's Signature

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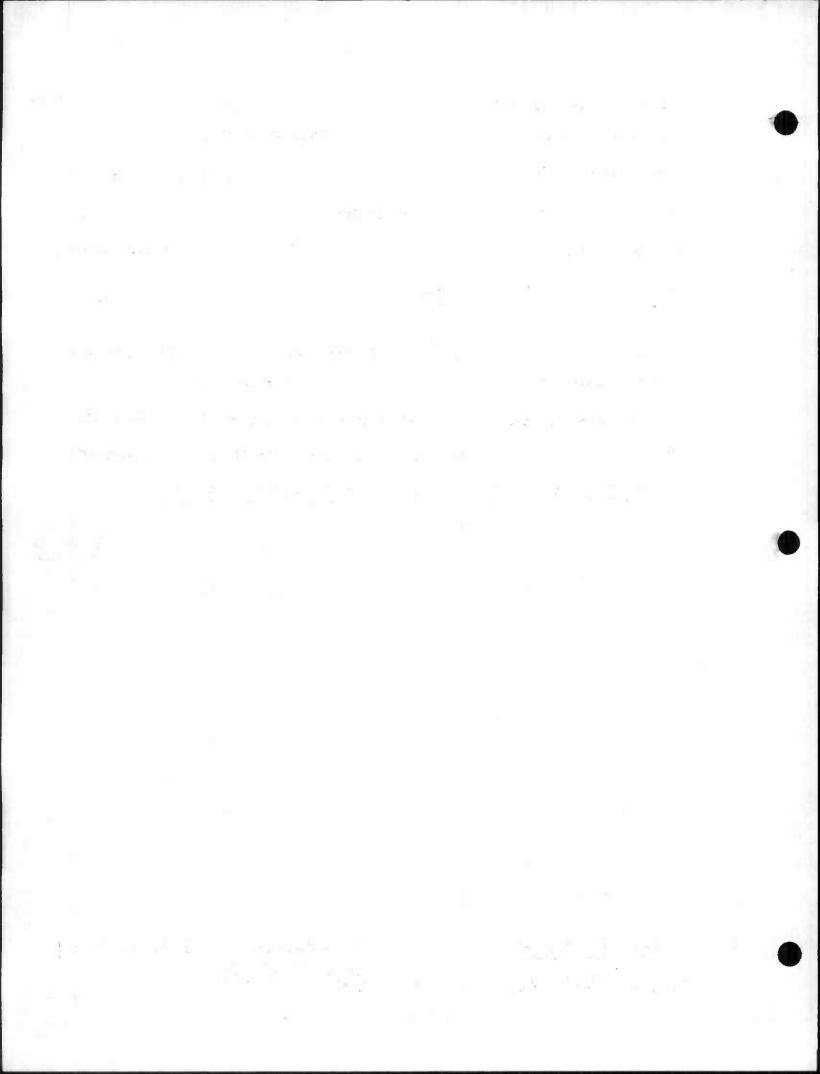
State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Neme (First, Middle, Lest) 2. Dete of Deeth **Physician** 4:00am John T. Shanley, Jr. 1997 8, July /Medical 4a. Facility Neme (If not institution, give street end number) 4c. County of Death N/A 4b. City, Town, or Location of Deeth Examiner 405 Warren Avenue Baltimore City | If Under 1 Yaar | If Under 24 Hrs. | 8. Dete of Birth | Months | Deys | Hours | Min. | (Month, Dey, Year) 5. Social Security Number 7. Aga (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 1**√** M 2□ F 215-10-9463 86 Yrs Director May 27, 1911 Maryland Usuel Residence of Decedant the Marylend 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 28a-f show traumatic event, the Medical Examiner must be notified at MD N/A Baltimore City XX Yes 2 No Director 10e. Street end Number 10f. Zip Coda 10g. Citizen of Whet Country? permit. Pages 1 end 2 should be filed within 72 hours efter death with Department of Health and Mental Hygiene.
Important: If item 27 is marked other than **-**
any injury or other traument.
any injury or other traument. ò - 23a r 21230 United States 1447 Lowman Street Funeral 12. Was Dacedent Ever in U,S. Armed Forces? Was Dacedant of Hispenic Origin? (Specify Yas or No-if Yas, specify Cuben, Mexican, Puarto Rican, atc.) 14. Race - American Indien, Black, Whita, atc. XX Yes 2 No If Yas, Give Yeer or Dates: Navar Married 2 Married Army 1 ☐ Yas ZOXNo Specify: þ Specify: White 3 ☐ Widowad 4 ☐ Divorced WWII Completed 15. Decedant's Education (Specify only highast grade completed) 16e. Decedent's Usuel Occupetion (Give kind of work done during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elementary/Sacondary (0-12) Collaga (1-4or 5+) 8th N/A Boiler Maker Manufacturing 17. Fethar's Nema (First, Middle, Last) 18. Mothar's Neme (First, Middle, Maidan Sumeme) John T. Shanley, Sr. Mary A. Discall 19a. Informant's Neme/Reletionship (Type, Print) 19b. Meiling Address (Straet and Number or Rurel Route Number, City or Town, Stete, Zip Code) 1344 East Fort Avenue, Baltimore, MD Doris T. Konig/ Friend 20b. Plece of Disposition (Neme of cemetery, cremetory or other plece) 20a. Method of Disposition 20c. Location - City or Town, Stata XXX Burial 2 Cremetion 3 Ramovel from State Holy Cross Cemetery, July 10, 1997 Baltimore City 4 ☐ Donetion 5 ☐ Other (Specify) 21. Signeture of Funerel Service Licenses 22. Name end Address of Fecility Charles L. Stevens Funeral Home, Inc. 23a. Pert1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or haert failure. List only one cause on each line. 1501 E. Fort Avenue, Baltimore Maryland 21230 **Physician** · Cerebrovascular Accident /Medical Immediate Ceuse (Finel disease or condition rasulting in deeth) Examiner Meno Schrotic Courd 10 vurscelur Distust Examiner Hospital or Attending Physician: The law requires that the death certificate be executed 24 hours efter deeth.

Funeral Director: After this certificate has been signed by the ettending physician and ettending physicien and for use es the buriel-transit Sequentielly list conditions, if any, leading to immediata cause. Enter Underlying Couse (Disease or Injury that Initiated avants resulting In deeth) Lest Box 68760. Physician/Medical Due to (or es e consequence of): Part II. Other significent conditions contributing to death but not resulting in the underlying causa given in Pert I. Division of Vital Records, P.O. 23b. Did tobacco use contribute to the cause of death? Atrial Fibrillation 1 Yes 2 No 3 Probably 4 Onknown by 24b. Were autopsy findings available prior to complation of cause of deeth? Completed 24e. Wes en eutopsy performed? Dementia 1 Yes 2 Mo 1 Yes 2 No certificate 25. Was casa referred to medical exeminer? Be 26. Placa of Death (Check only ona) 2 No Othar: 4 Nursing Home 5 Rasidence 6 Other (Specify) Certification: To 1 Yes 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Menner of Deeth 28a. Data of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury et Work? 1 DNatural 5 Panding Investigetion 1 ☐ Yes 2 ☐ No 2 Accident illed in by the 28f. Location (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be datarminad 28e. Plece of Injury - At home, ferm, street, fectory, office building, atc. (Specify) 4 Homicida the Funeral C Medical 1 Certifying Physician: To the best of my knowledge, deeth occurred et tha tima, data end plece, end due to the ceuse(s) and manner as stated. 29e. Certifier 2 Medical Examiner: On the besis of exeminetion end/or invastigetion, in my opinion, deeth occurred et the time, date and place, end due to the causa(s) end manner steted. 29b. Signature and title of certifiar 29c. Licanse number 29d. Date signed (Month, Day, Year) D39660 30. Neme and address of person who complated causa of daath (Item 23e) (Type, Print) Robert DART

State Registrar 31. Dete filed (Month, Dey, Year)

JUL 0 8 1997

32. Begistrer's Signeture



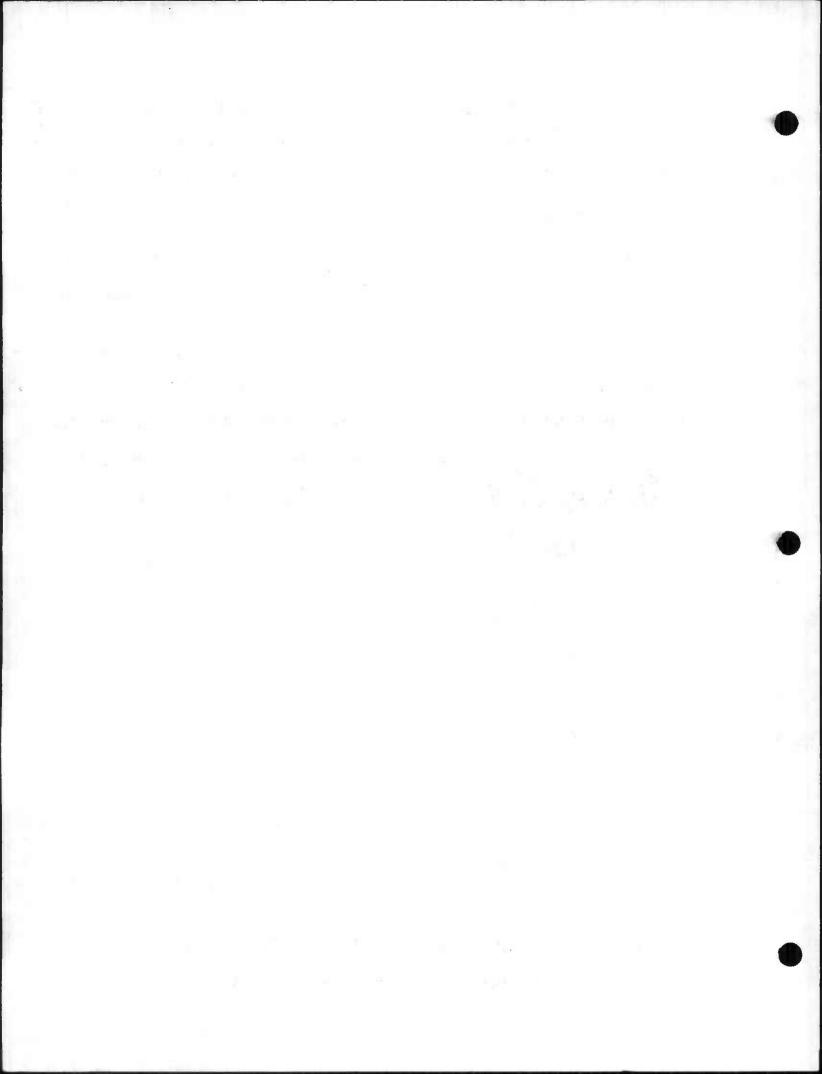
State of Maryland / Department of Health and Mental Hygiene 97 20489

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			23a. Part1. Enter the disease, or co shock, or heart failure. List or	omplications that dau	ed the death. D	o not en						Approximete	
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Exa	miner		disaesa or condition resulting in death)	n. ————————————————————————————————————	MARI	wiiv		(V)	-			hamiles	
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8	Siciar	ie	Cause (Disease or injury thet initiated events	G	C								
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or At	Director: I in by the	E	4 Homicide determin	ad 286. Piece of I	njury - At home etc. (Specify)	, farm, sti	reet, factory, office			(Street end Nun own, State)	aber or Rural I	Houte Number,	
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A	2	2	29b. Signature and title of certifier	1.			29c. Licens	34521		29d. Date sign	ned (Month, Da	ay, Year)	
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		-	301	(1	-								

State of Maryland / Department of Health and Mental Hygiene 20490 Certificate of Death 1. Decedant's Nama (First, Middle, Last) 3. Tima of Death 2. Data of Daath **Physician** Month RICHARD ρ. 5 JULY 1997 6 /Medicai 4a. Facility Nema (If not institution, give street and number) 4b. City. Town, or Location of Deeth 4c. County of Death Examiner U. OF MARY CAND BALTIMORECT MED CENTER BALTIMORQ If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (Stata or Foreign Country) **Funeral** 10 M 20 F 212-96-7246 Vre Director Usual Residance of Dacedant 10e. State 10b. County 10c. City, Town or Location 10d. Inside City Limits Maryland Baltimore Essex 1 ☐ Yas 2 No 28s-f s Direct 94 10e. Street and Number 10f. Zlp Coda 10g. Citizan of What Country? 8 1681 Poles Rd. 21221 U.S.A. Herns 23a 12. Was Decedant Evar in U,S. Armed Forcas? 11. Marital Stetus Was Decedant of Hispanic Origin? (Specify Yes or No-If Yas, specify Cuban, Mexican, Puarto Rican, atc.) 14. Race - Amarican Indian, Black, Whita, atc. 72 hours after 1 Navar Marriad 2 Merrled 1 ☐ Yas 2 ☐ No If Yas, Giva Yaar or Datas: Baitimore, Maryland 21215-0020 ò 1 ☐ Yas 2 XNo Specify: Specify: White þ 3 ☐ Widowad 4 ☐ Divorced 'natural', Completed the Medical 15. Decedant's Education (Specify only highast grada complated) 16a. Decedant's Usual Occupation (Giva kind of work done during most of working lifa. DO NOT usa ratired) 16b. Kind of Businass/Industry filed within Hygiene. ther then Elemantary/Secondary (0-12) College (1-4or 5+) Welding Co. Welder 12 permit. Pages 1 and 2 should be file Department of Health and Mental Hy Important: if flem 27 is marked othe any feljury or other traumatic event, acce. 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maiden Sumama) James W. Strong Gloria A. Hubbard 19e. Informant's Name/Ralationship (Type, Print) 19b. Meiling Address (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) Gloria Strong (Mother) 1107 Old Eastern Avenue "Apt.D" Balto. Md. 21221 20b. Plece of Disposition (Nama of cematary, cramatory or other place) 20a. Mathod of Disposition Data 20c. Location - City or Town, State 1 ☐ Burial 2 ☐ Cremetlon 3 ☐ Ramoval from Stete 4 ☐ Donation 5 ☐ Othar (Specify) Oak Lawn Cemetery 7/9/1997 Baltimore Co. Md. and of Funeral Service-License 22. Nama and Address of Fecility Bruzdzinski Funeral Home P.A. DIVIKOUSTO 1407 Old Eastern Avenue Essex, blim 23a Part1. Entar tha disaasa, or complications that caused tha daeth. Do not enter the mode of dying, such as cardiac or respiretory errast, shock, or haart failura. List only one cause on each line. **Physician** INTRACEREBRAL HEMATOMA /Medical Immediata Causa (Final 3 DAYS disaasa or condition resulting in death) Examiner FALL from HEIGHT Examiner CENTIFICATION APPROVED BY MEDICAL EXAMINER bunel-tren Sequentially list conditions, if eny, laading to immadiata causa. Entar Underlying Ceusa (Disaase or Injury that initiated avants rasulting in death) Last Box 68760, Physician/Medicai Due to (or as a consequance of): for use P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown þ Division of Vital Records. 24b. Wara autopsy tindings availabla prior to complation of cause of daath? Completed 24a. Was an autopsy performed? page 2 : 1 □ Yas 2 No certificate 1 ☐ Yas 2 ☐ No or Attending Physician: Be 25. Was case rafarrad to medical 26. Placa of Daath (Check only ona) Hospital: 1 ☑ Inpatiant 2 ☐ ER/Outpatient 3 ☐ DOA 1 → Tas 2 □ No Othar: 4 Nursing Home 5 Rasidance 6 Dothar (Specify) Work K Certification: To this 28a. Data of Injury (Month, Day Year) 28d. Dascribe how injury occurred 27. Mannar of Deeth 28b. Tima of Injury 28c. Injury at Work? Affer 5 Panding Invastigation 1 Natural off roof death. 15:20 M 1 TYas 2 □ No JULY 3, 1997 FELL 2 Accident after death 6 Could not be datarminad Location (Street and Number or Rural Routa Number, City or Town, Stata) 3 Suicida 28a. Pleca of Injury - At homa, farm, streat, factory, offica building, atc. (Specify) in by 4 Homicida ROOF 822 W. Lake ave. BUILDING 24 hours a Hospital edical Certifying Physician: To tha best of my knowledga, daath occurred et the tima, data and pleca, and dua to tha ceusa(s) and mannar as stated.

2 Medical Examinar: On the besis of axamination end/or investigation, in my opinion, deeth occurred et tha tima, data and place, end dua to the cause(s) and mannar stated. 29a. Cartifier (Check only one) To the within 2 29b. Signatura and fitla of certifiar 29c. License number 29d. Date signed (Month, Day, Year) Islaman us JEE & 30. Neme and addrass of person who completed cause of death (Itam 23a) (Type, Print) George Testerman 22 South Greene St. Baltimore, Md. 21201 32 Registrar's Signeture Guis Davidson-Rendelle 31. Date filad (Month, Day, Yaar) State JUL 0 8 **1997** Registrar

DHMH 16 Rev 6/95

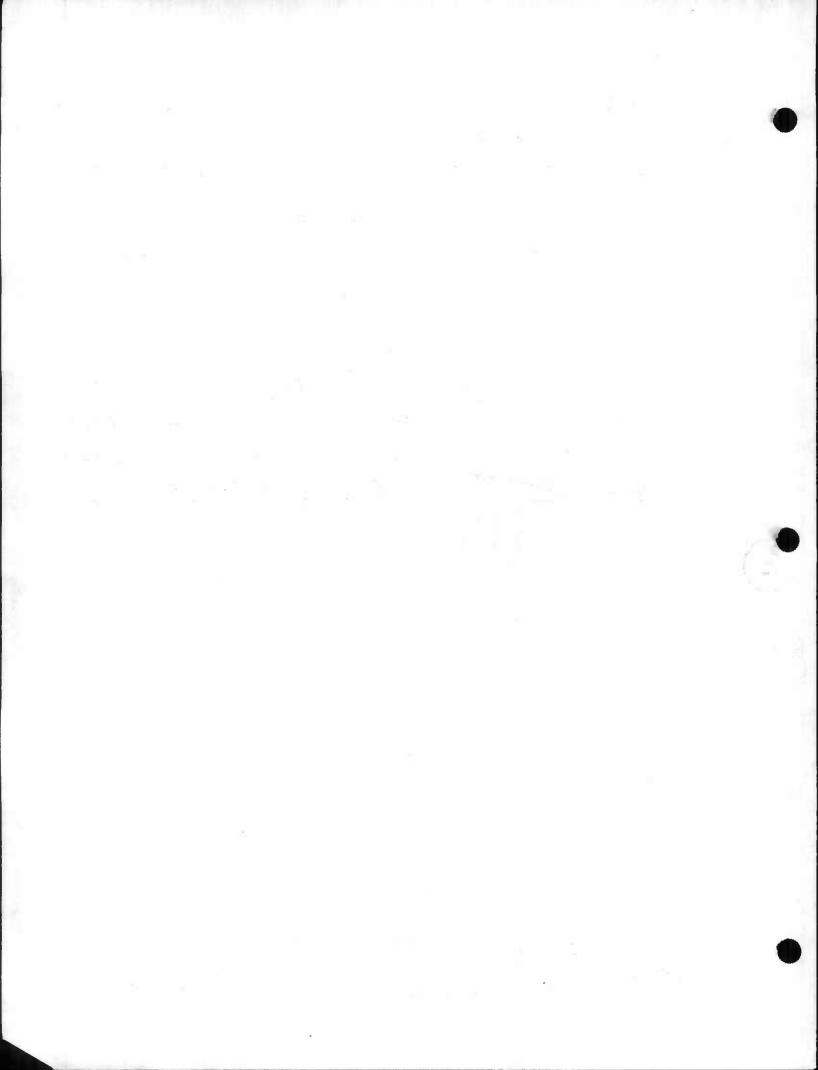


# Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene

					Certificate o	of Death	R	eg. No.	1 6	20491		
	Dhusia	ion	Decedant's Nama (First, Middla, Last)				2. Data of Dea Month	th Day	Yaar	3. Tima of Death		
U	Physic /Medi		Frank J. Sanzone				July	2, 1	997	1009		
	Exami		4a. Facility Nama (If not institution, give street and number)			4b. City, Town, or		4c. County				
	JA TAG		Fallston General Hospital			Fallst			rford			
	Funeral Director		5. Social Sacurity Number  218-03-8778-A  Usual Rasidance of Dacedant	(In yrs. last birth	nday) If Undar 1 Ya Months Day			1920	9. Birthple Counti Mary	aca (Stata or Foraign Land		
	yland		10a. Stata 10b. County	10c. City, Town	or Location				10	d. Insida City Limits		
	a-fai	cto	Maryland Harford		Jarrett	sville		1 ☐ Yas 2 No				
	or 28	Director	10e. Street and Number		10f. Zip Code	a	1	0g. Citizan of \	What Count	ry?		
	23a	Tan I	4030 Hunt Crest Road		21	084		u.s.	A.			
21215-0020	n 72 hours after death with the Manyland "netural", or items 23a or 28a-f ahow pointed Examinet must be notified at	by Funeral	11. Marital Status  1 □ Navar Married 2 □ Married  3 ◯ Wildowad 4 □ Divorcad  12. Was Dacadant Evar in to Armed Forces?  1 □ Yas 2 ∠ ☑ No If Yas, Giva Yaar or Datas:		If Yas, specify Cuban, Maxican, Puarto Rican, atc.)  Black, Whita,							
2-0		pate	15. Decedant's Education (Spacify only highast grada complated)	16a. [	Decedant's Usual Occ	cupation	et in a	16b. Kind of B	usinass/Indi	ustry		
2	within 2 ene. than "r	Completed	Elamentary/Secondary (0-12) Collega (1-4or 5+)		Giva kind of work doi lifa. DO NOT usa ret	ired)	rking					
	lages 1 and 2 should be filed on of Haalth and Mental Hygist: If Item 27 Is marked other y or other traumatic event, I	S	8th grade	Au	itomobile	1		Car D		ship		
Maryland		Be	17. Fathar's Nama (First, Middia, Last)  John Sanzo				ma (First, Middla, i			,		
Ž		10		_		Santa			anter	-		
S			19a. Informant's Name/Ralationship (Typa, Plit) aughte Katherine Sanzone in-Law)	ナー 19b. 1	Mailing Addrass (Stre					· ·		
			20a. Method of Disposition	20b. Place of I	30 Hunt C Disposition (Nama of			20c. Location -				
Baltimore,			1 X Burial 2 ☐ Cramation 3 ☐ Ramoval from State 4 ☐ Donation 5 ☐ Other (Specify)	_	cramatory or other part of the Memoria	al Park				Maryland		
Bal	permit. P Departme Importan any Injur		21. Signature of Funaral Sarvice Licensee		Schimu 9705 Be	drass of Facility nek Funero Lair Rd.,	l Homes,	Inc.	21236	6		
	Physician Medical Examiner		23a. Part f. Entar tha diseasa, or complications that caused the shock, or heart failure. List only one cause on each line.  Immediate Cause (Final disease or condition resulting in death)		fibrillat					Intarval Between Onset and Death		
Box 68760,	eath certificate be executed attending physician and I for use as the burial-transit	an/Medical Examiner	Sequantially list conditions, if any, leading to immediate causa. Enter Underlying Cause (Disassa or injury	/	as thro			lov	dia	we		
	tha death by the atter ached for t	sici	Part II. Other significant conditions contributing to death but	not resulting in	tha undarlying causa	givan In Part I.	23b. Dld to	23b. Did tobacco usa contribute to the cause of dea				
s, P.O.	requires that tha death veen signed by the atte ihould be detached for	by Physician/	hyperchales tendem	ià			7×	•• 2□ No	3 Probe	ably 4 Unknow		
DIVISION OF VITAL RECORDS,	2 S S	Completed	hyperchalesterdem				24a. Was a perform		aval	ra autopsy findings liable prior to aplation of causa eath?		
<u></u>	E ag						1 □ Y	as 2 No	1 🗆	Yas 2□ No		
	delan: The certificate rector, pag	Be	25. Was casa rafarred to medical axaminar?		1.	413	ath (Check only on	a)				
0	Physician: r this certific ral director,	. To	1 ☐ Yas 2 ☐ No Hospital: 1 ☐ Inpatient  27. Magnar of Death 28a. Data of Injury		Batterit 3LI DOA		loma 5 Reside			)		
	After fune	tion	1 Natural 5 Pending (Month, Day Y	'ear) Zob. Inj	ury V	vork? □ Yas 2 □ No	28d. Describe how injury occurred					
DIVISI	To the Hospital or Attending Physician: within 24 hours after death.  To the Funeral Director: After this certific completaly filled in by the funeral director.	Certification:	3 Suicide 6 Could not be	- At homa, fam 'Specify)	n, straat, factory, office			on (Straat and Number or Rural Routa Number, Town, Stata)				
	Ne Hospital n 24 hours Ne Funeral pietaly fillec	edical C	29a. Cartifier (Check only one)  1 Certifying Physicien: To tha best of r 2 Medical Examiner: On tha basis of an and mannar stata	kamination and/	daath occurred at that or invastigation, in m	tima, data and place y opinion, daath occu	, and dua to tha corrad at tha tima, d	d dua to tha causa(s) and mannar as stated. at tha tima, data and place, and dua to tha causa(s)				
	To the He within 24 To the Fu	Me	29b. Signatura and title of cartifle)		29c. Llca	nsa numbar	2	9d. Data signe	d (Month, D	ay, Yaar)		
			Call. M	MD.	03	いつにつ		July	2.1	997		
	1		30. Name and addrass of person who complated causa of daar	-	ype, Print)			1				
	- (		David C. Mbin	104	Plunto	ee Rd	BelA	ir m	0	21015		
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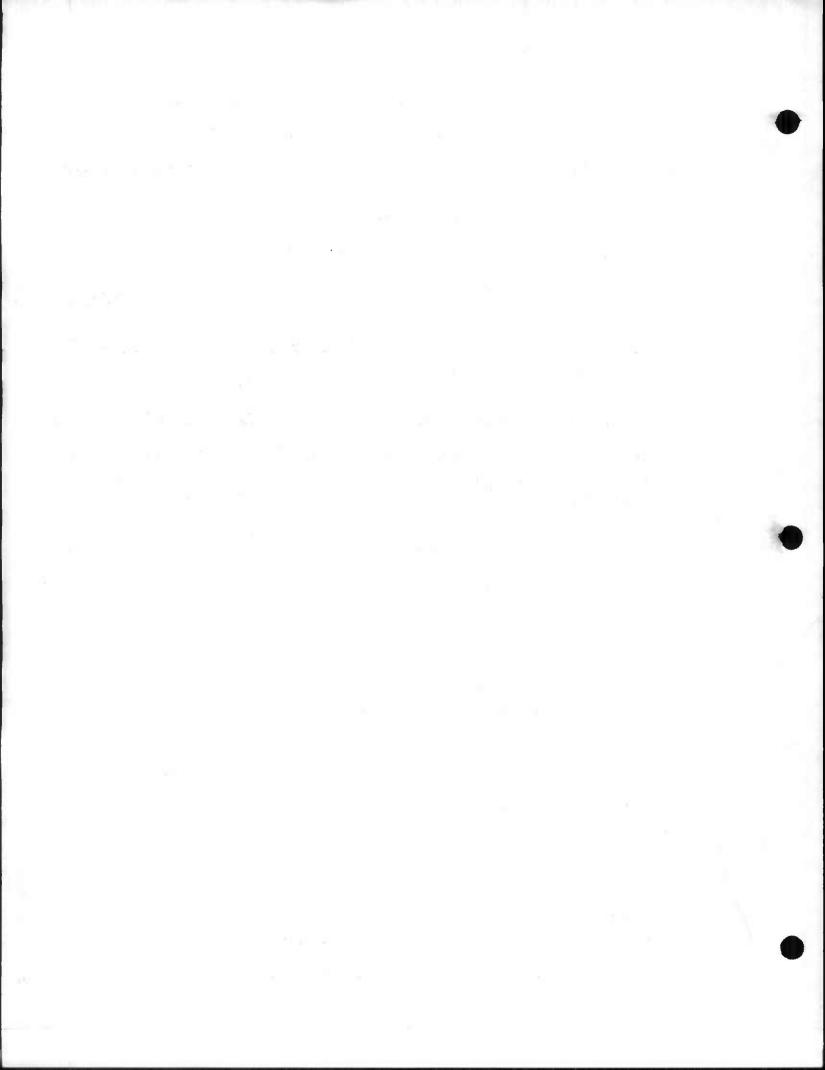


State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Date of Death 3. Time of Death Day **Physician** Month SMITH RODERICK JULY 02 1997 6:10 AM /Medical 4a. Fecility Name (If not institution, give street and number) 4b. City, Town, or Location of Deeth 4c. County of Death Examiner GOOD SAMARITAN HOSPITAL BALTIMORE If Under 1 Year If Under 24 Hrs. 8. Date of Birth (Month, Day, Year) 5. Social Security Number 7. Age (In yrs. last birthday) Birthplace (State or Foreign Country) **Funeral** 1**25**M 2□ F 444 Yrs. 212-60-598 Director MARYLAND Usual Residence of Decedent 10b. County 10c. City, Town or Location or 28a-f show a notified at 10d. Inside City Limits Baltimore 1 WYes 2 □ No Director 10s. Street and Number 10f. Zip Code 10g. Citizen of What Country? ò must be 3905 2/2/6 Ibems 23a Funeral 12. Was Decedent Ever in U.S. Armed Forces? 1 1 Yes 25 No If Yes, Give Year or Dates: 13. Was Decedent of Hispanic Origin? (Specify Yes or No-lf Yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. Race - American Indian, Black, White, etc. 72 hours after 1 Never Married 2 € CMarried Maryland 21215-0020 natural, or 1 Yes 2 XX Specify ğ 3 ☐ Widowed 4 ☐ Divorced Black r than "nature the Medical Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working the DO NOT use retired) Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Elementary/Secondary (0-12) College (1-4or 5+) Government 17. Father's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Malden Sumame) Be permit. Pages 1 and 2 should be P Cepartment of Health and Ments! I Important: If New 27 is marked of 9b. Mailing Address (Street and Number or Fluid Route Number, City or Town, State, Zip Code) important: If Item 27 any injury or other tr avenue Baltimore, 20b. Place of Disposition (Name of 20a. Method of Disposition Date 20c. Location - City or Town, State Buriel 2 Cremation 3 Removal from State 4 ☐ Donagion 5 ☐ Other (Specify) 21. Sigs of Funeral Service Licensee 1721-27 N MONROE Cunevage . Enter the disease, or complications that caused, or heart failure. List only one cause on each li ad the death. Do not enter the mode of dying, such as cardiac or Approximete Interval Between Onset and Deeth Physician Immediate Cause (Final disease or condition resulting in death) /Medical INTRA CRANIAL HEMORRHAGE 2 DAYS Examiner Due to (or as a consequence of): Physician/Medical Examiner HYPERTENSION 10 YEARS Sequentially list conditions, if any, leading to immediate cause. Enter Underlying Cause (Disease or injury that initiated events Due to (or as a consequence of): Box 68760, certificate be that initiated events resulting in death) Last 8 Due to (or as a consequence of): P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? 1 ☐ Yes 2 ☐ No 3 ☐ Probably 4 Æ Unknown MELLITUS NEPHROTIC SYNDROME Records, 24b. Were autopsy findings available prior to Completed 24a. Was an autopsy performed? completion of cause of death? 1 Tyes 28 No 1 Yes 2 YNo of Vital 25. Was case referred to medical 26. Place of Death (Check only one) Other 4 Nursing Home 5 Residence 6 Other (Specify) Certification: To 1 Yes 2 No 1 SInpatient 2 ER/Outpatient 3 DOA 켷 27. Manner of Death 28a. Date of Injury (Month, Day Year) 28b. Time of 28d. Describe how injury occurred 28c. Injury at Work? Division Attending After 5 Pending investigation 1 SNatural 1□Yes 2□No after death Director: 2 Accident 3 Suicide 6 ☐ Could not be 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Route Number, City or Town, State) 50 4 [] Homicide 24 hours 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, date and place, and due to the ceuse(s) and manner as stated.

| Medical Examiner: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the ceuse(s) and menner stated. Medical 29a, Certifier A totto To the 29b. Signature and title of certifier 29c. License number 29d. Date signed (Month, Day, Year) 10 P 09 308 JULY HOUSESTAFF 30. Napre and eddress of person who completed ceuse of death (Item 23a) (Type, Print) YVETTE TALUSAN 5601 BOULE VARD, MAKYLAND 21239-2995 LOCH RAVEN 31. Date filed (Month, Dey, Yeer) 32 Registrar's Signature State ha Muidson

Registrar

JUL 0 8 1997



### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene Certificate of Death 1. Decedent's Name (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month Spivey Bertha Tul, 1997 4e. Fecility Neme (If not institution, give street end number) 4b. City, Town, or Location of Deeth 4c. County of Deeth Birthplece (State or Foreign Oouphy) If Under 1 Months 5. Sociel Security Number 6. Sex 7. Age (In yrs. lest birthdey) 1□ M 2 F Hours 217-12-7734 Yrs Usuel Residence of Decedent 10e State 10b. County 10c. City, Town or Location 10d. Inside City Limits 1 Yes 2 No 10g. Citizen of What Country? U.9,A 21223 14. Race - American indien, Bieck, White, etc. 12. Wes Decedent Ever in U,S Armed Forces? 11. Maritei Stetus Wes Decedent of Hispenic Origin? (Specify Yes or No-if Yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 ☐ Married 1 ☐ Yes 2 ☐ No If Yes, Give Year or Dates: 1 ☐ Yes 2 ☐ No Specify: Specify: 9 3 ☐ Widowed 4 ☐ Divorced 16e. Decedent's Usuei Occupetion (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grede completed) 16b. Kind of Business/Industry gridary (0-12) College (1-4or 5+) Domos he 's Neme (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Surneme) W1/15 5N915 19b. Meiling Address (Street end Number or Rural Route Number, City or Town, Stete, Zip Code) 21133 19e. Informent's Neme/Relationship (Ty 173 RD, Raun/Steve MP, Dete 20c. Location - City or Town, State 7/8/97 Lans rown & Maryland 20e. Method of Disposition 1 Burlel 2 □ Oremation 3 Removel from State 4 Donetion 5 Other (Specify) UNGRAI HOME P.A 21. Signature Funerei Service Licera disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory errest, tellure. List only one cause on each line. Approximete Intervel Between Onset end Death immediate Cause (Final 4 days Cerebro vascular a cuider diseese or condition resulting In death) Due to (or es e consequence of): Atheros clienotic cardiova Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Diseese or injury that initiated events resulting in deeth) Lest Due to (or es e consequence of) Diabetes Mellitus Due to (or as e consequence of) 23b. Dtd tobacco use contribute to the cause of death? 1 ☐ Yee 2 ☐ No 3 ☐ Probably 4 ☐ Unknown 24b. Were eutopsy findings eveileble prior to completion of cause of death? 24e. Wes en eutopsy performed? 2 No 1 ☐ Yes 2 ☐ No 26. Plece of Deeth (Check only one) 1 ☑ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA

**Physician** /Medical Examiner

**Physician** 

/Medical

**Examiner** 

Director

Funeral

þ

Completed

**Funeral** 

Director

the

Baltimore, Maryland 21215-0020

permit. Pages 1 and 2 should be filed within Department of Health and Mental Hygiene. Important: If Itam 27 is merked other than any Injury or other trainment.

7 is marked other than "natural", or items 23a or 28a-f show traumetic evant, tra Medical Examiner must be notified at

P.O. Records, 90

pege 2 s certificete director,

Hospital or Attanding Physician: To the Hospital or Auranter within 24 hours efter death.

To the Funeral Director: After this or an additional filled in by the funeral directors.

Division of Vital

Physician/Medical Examiner þ Completed Be 10 Certification:

State Registrar

Pert II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. 25. Wes case referred to medical exeminer? Other: 4 Nursing Home 5 Residence 6 Other (Specify) 1 Yes 2 No 27. Manner of Deeth 28e. Dete of injury (Month, Dey Yeer) 28c. tnjury et Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Neturel 1 ☐ Yes 2 ☐ No 2 Accident 6 Could not be determined 3 ☐ Sulcide 28e. Place of injury - At home, ferm, street, fectory, offica building, etc. (Specify) 28f. Location (Street end Number or Rural Route Number, City or Town, State) 4 ☐ Homicide 12 Certifying Phyelcian: To the best of my knowledge, death occurred et the time, dete end plece, end due to the ceuse(s) end manner es steled.
2 Medical Examiner: On the basis of exeminetion end/or investigation, in my opinion, death occurred et the time, date end piece, end due to the cause(s) end manner stated. Medical (Check only 29b. Signeture end title of certifier 29c. License number 29d. Date signed (Month, Dey, Yeer)

30. Name end eddress of person who completed cause of deeth (Item 23e) (Type, Print)

Baltimory, MD Hospital Baltimone }

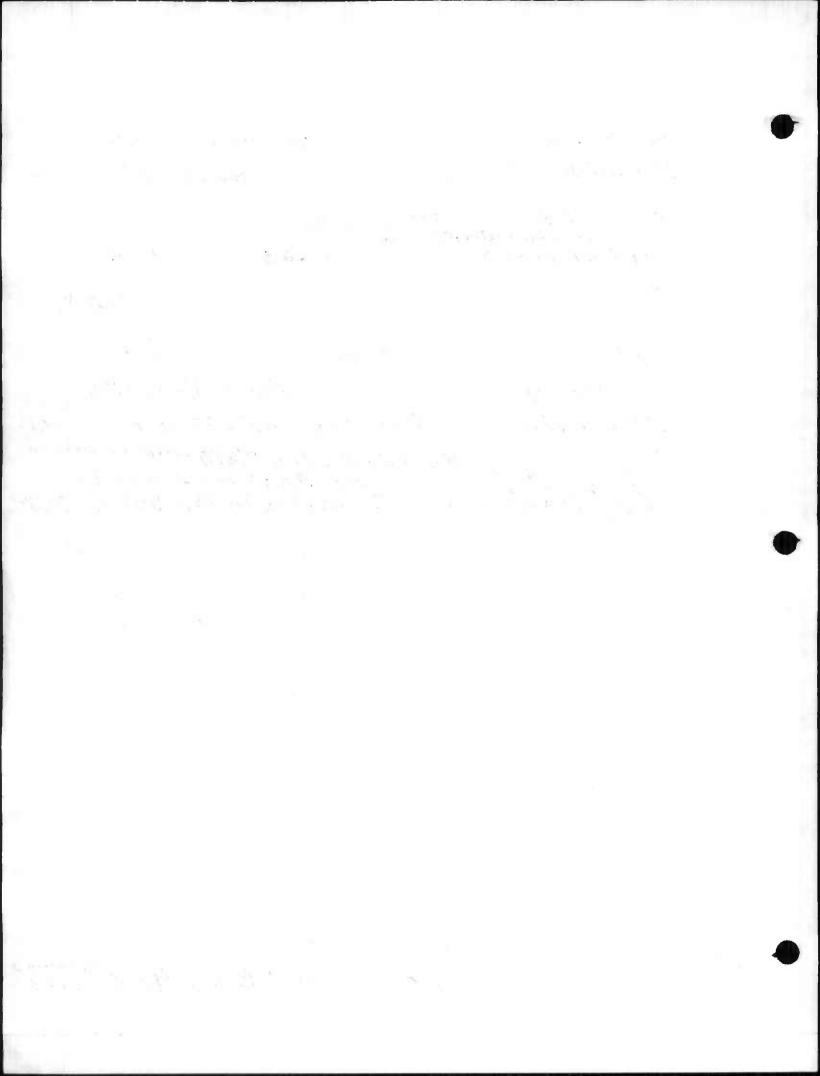
31. Dete filed (Month, Dey, Year)

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32. Registrar's Signeture in ruidson-Randoll

Kizur



To the Hospital or Attending Physician: within 24 hours after deeth.

To the Funeral Director: After this certifica

4 Momicide

29e. Certifier

Medical Registrar

29b. Signature and title of certifier rald & Wright MD 29c. License number O.C.M.E

1 Certifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the ceusa(s) end menner es steted.

Medical Examiner: On the best of examination end/or investigation, in my opinion, deeth occurred et the time, dete end plece, end due to the ceuse(s) and menner steted.

28e. Plece of Injury - At home, ferm, streat, factory, office building, etc. (Specify)

Yard

29d. Dete signed (Month, Dey, Year) 29,1997 JUNE

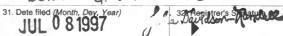
28f. Location (Straat end Number or Rurel Route Number, City or Town, Stete) 7006 Rudcill Court

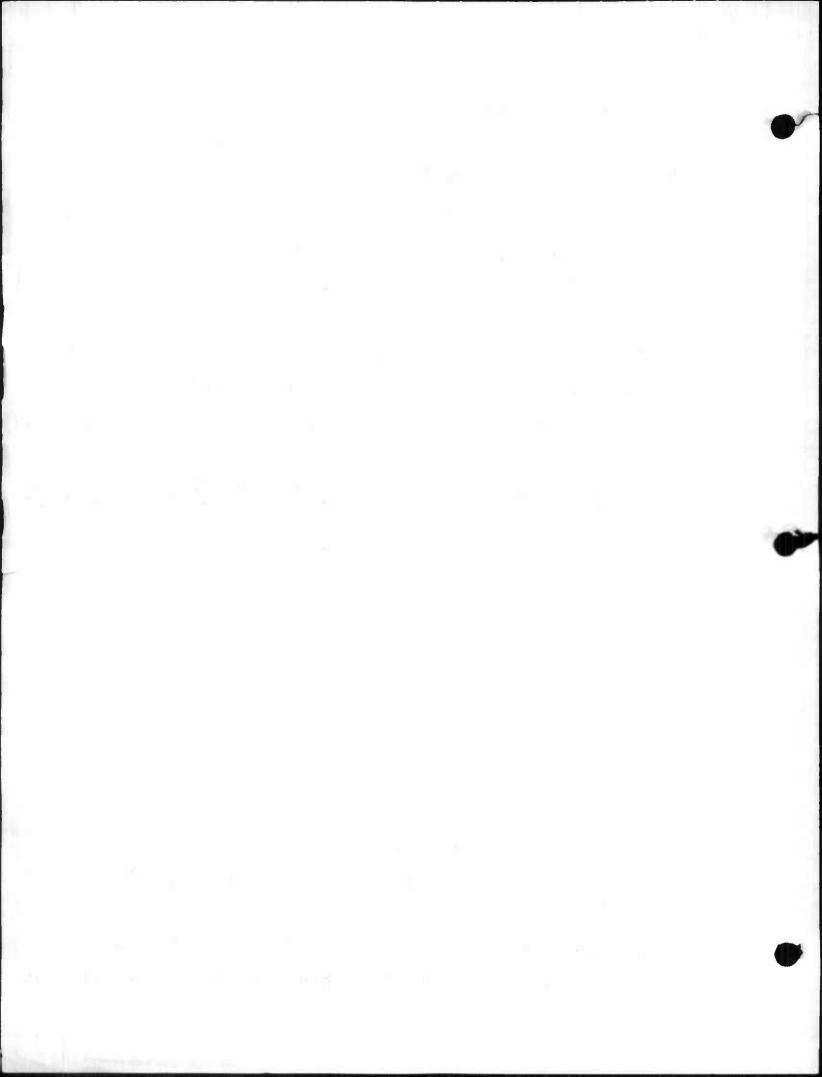
Baltimore County

DONALD G. WRIGHT MD

30. Name and address of person who completed cause of death (Item 23e) (Type, Print)

DONALD G. WRIGHT MD 111 Penn Street, Baltimore, Maryland 21201





State of Maryland / Department of Health and Mental Hygiene

20495 Certificate of Death 1. Decedent's Name (First, Middle, Lest) 2. Date of Death 3. Time of Death Month **Physician** July 4, 1997 10:00 a.m. Katherine Tesar /Medical 4e. Facility Name (If not institution, give street end number) 4b. City, Town, or Location of Death 4c. County of Death Examiner Parkville Baltimore 5 D Cedarburg Court Apartment 5 D Hunder 24 Hrs. 8. Date of Birth (Month, Dey, Year) July 5, 1906 5. Social Security Number If Under 7. Age (In yrs. lest birthday) Birthplace (State or Foreign Country) **Funeral** 1 M 2 F Yrs Baltamore.Maryland Director 213-60-4004 Usual Residence of Decedent the Maryland 10a. State 10b. County 10c. City, Town or Location item 27 is marked other than "natural", or items 23a or 28a-f show other traumatic event, the Mooisal Examiner must be notified at 10d. Inside City Limits Directo 1 ☐ Yes 2 ☐ No Maryland Baltimore Parkville 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 5D Cedarburg Court Apartment 5D 21234 U.S.A. death Funeral 12. Wes Decedent Ever in U,S. Armed Forces?
1 ☐ Yes 2 ☐ ▼No Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Race - American Indian. Black, White, etc. 1 Never Married 2 Married Baltimore, Maryland 21215-0020 1 ☐ Yes 2 🔀 No Specify: Specify: White p ₩Widowed 4 Divorced Year or Dates natural Completed 16a. Decedent's Usual Occupation (Give kind of work done during most of working life. DO NOT use retired) 15. Decedent's Education (Specify only highest grade completed) 16b. Kind of Business/Industry Hygiene. College (1-4or 5+) Elementary/Secondary (0-12) Homemaker Housekeeping-Own Home permit. Pages 1 end 2 should be fits
Department of Health and Mental Hy
Important: If flem 27 is marked oths
any Injury or other trainment. 17. Fether's Name (First, Middle, Last) 18. Mother's Name (First, Middle, Meiden Sumeme) Be Joseph Fisher Mary Schameberger 2 19e. Informant's Name/Relationship (Type, Print) 19b. Malling Address (Street end Number or Rural Route Number, City or Town, State, Zip Code) Frank R. Tesar, Jr. (Son) 1719 Daytona Road Baltimore, Maryland 21234 20b. Place of Disposition (Neme of cemetery, cremetory or other place) 20a. Method of Disposition 20c. Location - City or Town, State 1 Burial 2 □ Cremation 3 □ Removel from State 4 ☐ Donation 5 ☐ Other (Specify) Baltimore, Maryland Parkwood Cemetery July 8, 1997 22. Name end Address of Facility
Lassahn Funeral Home, Inc. 21. Signature of Funeral Service Licensee 23a. Part1. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one cause on each line. 7401 Belair Road Baltimore, Maryland 21236-4625 Approximate Interval Betw Onset and Death **Physician** /Medical tmmediate Ceuse (Finel disease or condition resulting in death) GRDIAC Examiner Due to (or es e consequence of) Examiner verosa physician end s the buriel-transit certificate be executed Sequentially list conditions, if any, leading to immediate ceuse. Enter Underlying Cause (Disease or injury that initiated events resulting in death) Last Due to (or es a consequence of) Box 68760 Physician/Medical Due to (or as a consequence of) ettending | P.O. Part II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Pert I. detached 23b. Did tobacco use contribute to the cause of death? signed by the detach 1 Yes 2 No 3 Probably 4 Unknown Records. by 24b. Were autopsy findings available prior to completion of cause of death? 24a. Was en autopsy performed? Completed peen has pege 2 certificate 1 Yes 2 No 1 ☐ Yes 2 ☐ No Division of Vital l or Attanding Physician: after deeth. director, Be 25. Was cese referred to medical exeminer? 28. Place of Deeth (Check only one) 1 Yes 2 No Hospital: Other: 4 Nursing Home 5 Residence 8 Other (Specify) Certification; To 1 Inpatient 2 ER/Outpatient 3 DOA 27. Manner of Death 28a. Dete of Injury (Month, Dey Year) funeral 28h. Time of 28d. Describe how injury occurred 28c. Injury at Work? After 1 Natural 5 Pending 1 ☐ Yes 2 ☐ No  **□** Accident investigation Director: 3 Suicide 6 Could not be determined 28e. Place of Injury - At home, farm, street, factory, office building, etc. (Specify) 281. Location (Street end Number or Rural Route Number, City or Town, Stete) 4 Homicide To the Funeral C 6 tal 1 Certifying Physician: To the best of my knowledge, deeth occurred at the time, dete end place, and due to the ceuse(s) end manner as stated.

1 Medical Examiner: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. Medical 29a. Certifier To the 29b. Signature and title of certifier. 29c. License number 29d. Dete signed (Month, Dey, Year) 30. Name end address of person who completed ceuse of death (Item 23e) (Type, Print) MICHAES SOIES OOR HAREURD RD 21234 32. Registrar's Signature 31. Dete filed (Month, Day, Year) State Registrar 0 8 1997

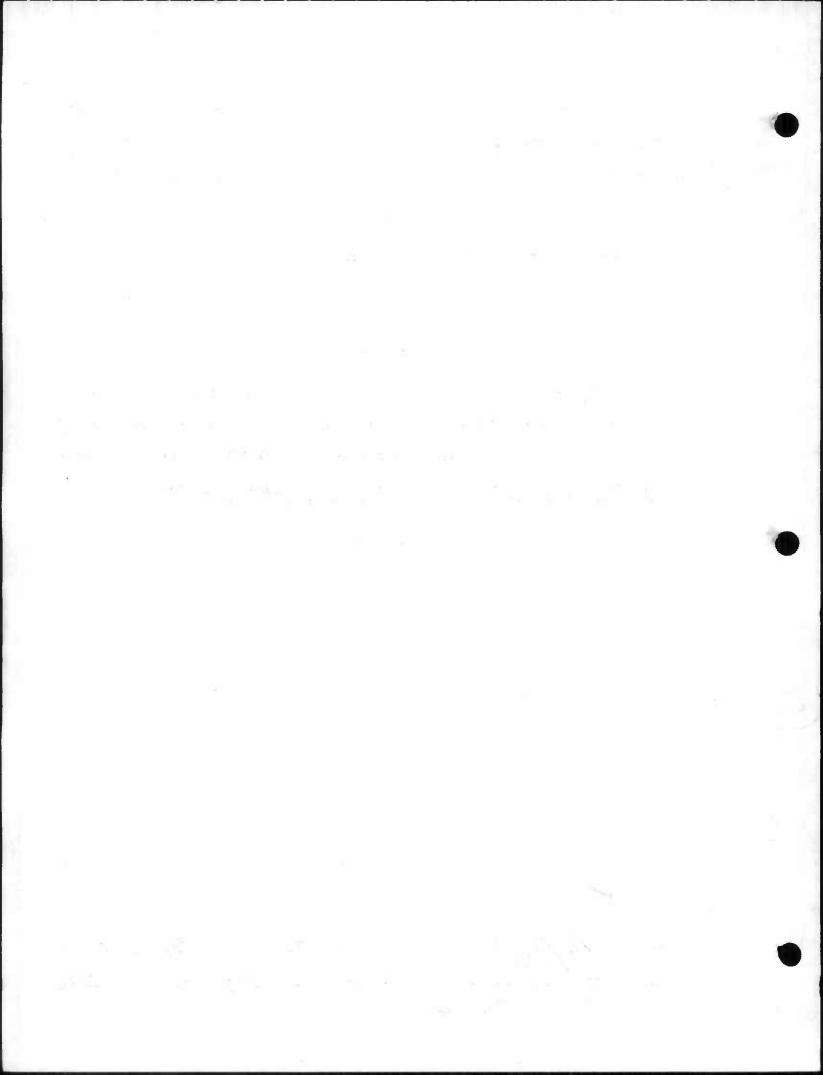
DHMH 16 Rev 6/95

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State of Maryland / Department of Health and Mental Hygiene 97 20496

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		John Joseph Trenner							Month JULY	Day Yaar 5 199		6:20 AM	
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ž ==		10a. Stata 10b. County		10c. City,	Town or Lo	cation					1	0d. Inside City Limit	
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8 4	Director	10e. Street and Number					.00			1 ☐ Yes 2 ☐ 10g. Citizen of What Country?			
0 8						10f. Zip Co	ge e			10g. Citizen of	What Cour	ntry?	
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0 0	To B	John F. Ti	cenner					Marga	rot Til	lian We	inros	ht	
	-	19e. Informant's Name/Ratationship			19b. Meilir	ng Addrass (St	reet and A			ber, City or Town	-		
27 le		Miss Margaret C.		(Sictor)									
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Important: I any Injury o once.		Wallace S.	Brock	1 21.					al Home	Md. 212	0.4		
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sician		shock, or heert failura. List onl	y ona causa on a	ach lina.								Approximate Intarval Batwaan Onset and Death	
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- 15	nine		b. A7	RIAL	FIL	BRILL	ATT	M					
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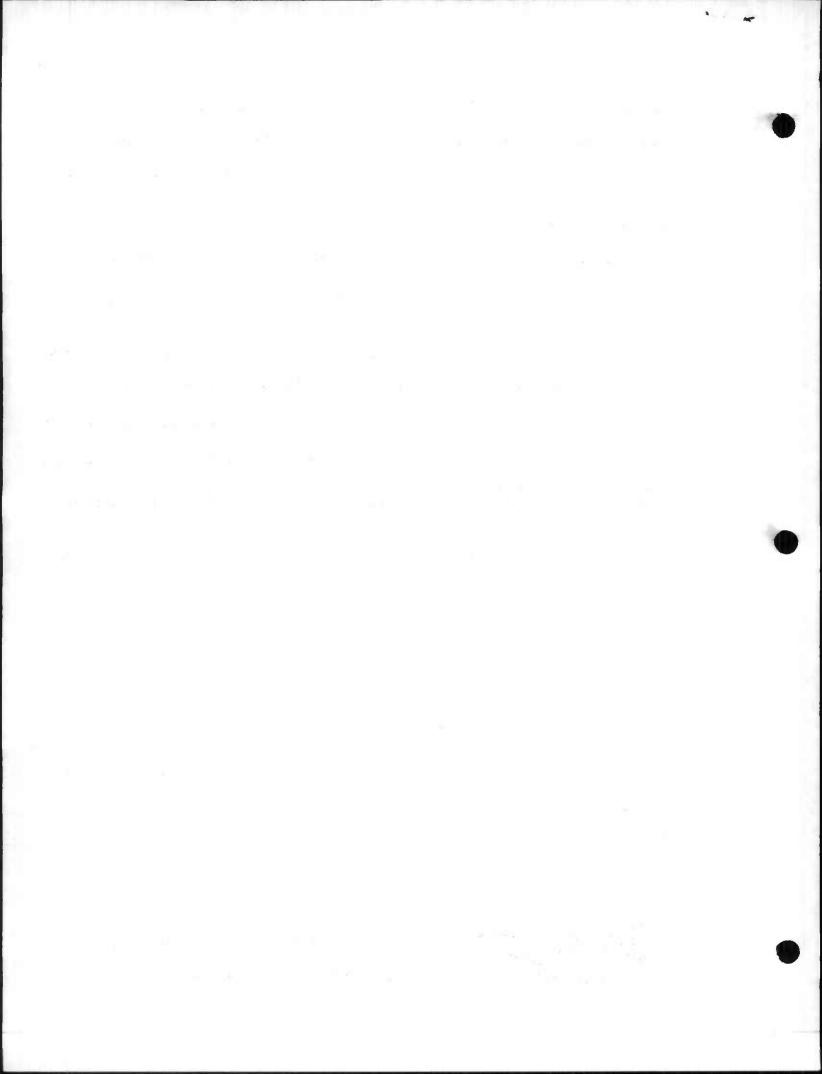
State of Maryland / Department of Health and Mental Hygiene 97

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						Ce	ertificate	of De	atn		Re	g. No.			
Dhora		1. Decedent's Ner	me (First, Middle, La	ast)						2. Date of Month			Year	3. Tin	ne of Death
Physi /Med		Harry			TUPIS					July	3,	1997	real	3:3	1 A.M
Exam			(If not institution, given	ve street end num	ber)			4b. C	ity, Town, o	Location of D	eeth	4c. County	of Deeth		
		Frank1:	in Square	Hospita	1 Cer	nter		Ro	seda1	e		Balti	more		
Funera Directo		5. Social Security 360-07-0	0612	Sex 7	7. Age (In yrs	s. last birthday) Yrs.	If Under 1 Months		Under 24 Hr ours Mir		Birth Dey, 3,	Year) 1922	9. Birthp Coun Mich	elece (State) ninga	ete o <i>r Foreig</i> n
Mo W		10a. State	Usuel Residence of Decedent           10a. State         10b. County         10c. City, Town or Location										1	Od. Insid	la City Limits
fled	to	Maryland	l Baltimo	nr _e		Parkvi.	110	1 ☐ Yes 2 📉							
r 28s	Director	10e. Street and No		)		I dI KVI.	10f. Zip C	ode		10g. Citizen of Whet Country?					
3a o		8702 Av	ondale Ro	oad			2	1234				United	States		
natural', or itams 23a or 28a-f show	by Funeral	11. Marital Status 1 ☐ Never Mar				as Decedent Ever in U,S. ned Forces?  ☐ Yes 2 ▼ No  fes, Give  ar or Datas:  13. Was Decedent of Hispe  If Yes, specify Cuben, M  1 ☐ Yes 2 ▼ No Si				Specify Yes or rto Rican, etc.)	No-	14. Rac	ce - Americ ck, White,	e - American Indien, k, White, etc.	
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		20a. Mathod of Dis	sposition ? ☑ Cremation 3 □	Removal from S	20b. Place of Disposition (Neme of cemetery, crematory or other place)  20c. Location -						City or To	wn, Stat	е		
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State Registrar 31. Date filed (Month, Pay Year)

33 Registres Signature Julia Navidson-Jandelle



CHARLES VALENTINE

State of Maryland / Department of Health and Mental Hygiene

29d. Data signad (Month, Day, Yaar)

JULY 3, 1997

Funeral **Director** 

the Maryland r than "natural", or items 23s or 28s-f show the Medical Examiner must be notified at with death 12 should be filed within 72 hours effering end Mental Hygiene. Is marked other than "natural", or ita

Baltimore, Maryland 21215-0020

permit. Peges 1 and 2 st Depertment of Health end Important: If Ikem 27 is m any injury or other traum **Physician** /Medical Examiner

sician end bunal-transit physician s the burial Box 68760 death certificate be Se ō P.0. the signed by t Records. peen has page 2 certificate Division of Vital Attending Physician: this funeral After or Attending after death. in by the

epital o funeral

Certificate of Death 1. Decedant's Nama (First, Middla, Last) 2. Data of Death 3. Time of Death Day 1997 aar JULY 3, 1002AM VALENTINE CHARLES **EDWARD** 4a. Facility Nama (If not institution, give street and number) 4b. City, Town, or Location of Death 633 NORTH AISQUITH STREET APT.4-D BALTIMORE If Under 1 Year If Under 24 Hrs. 8. Data of Birth (Month, Day, Year) 9. Birthplace (State or I Country) MAR . 17 , 1924 MARYLAND 7. Aga (In yrs. last birthday) 5. Social Sacurity Number 9. Birthplace (Stata or Foraign Months Days Hours XIM 2 F 73 217-16-7623 Usual Rasidanca of Dacedant 10a, State 10b. County 10c, City, Town or Location 10d. Inside City Limits 1√Xes 2 No Director MD n/a BALTIMORE 10e. Street and Number 10f. Zip Code 10g. Citizen of What Country? 21202 UNITED STATES N. AISQUITH ST. apt.4D 633 Funeral 12. Was Dacedant Evar in U,S. Armed Forcas? ★★ Ses 2 □ No If Yas, Giva Was Decedant of Hispanic Origin? (Specify Yas or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 11. Marital Status 14. Race - American Indian, Black, White, atc. Waver Marriad 2 Married 1 ☐ Yas XX No Specify: Specify: BLACK þ 3 Widowed 4 Divorced Completed 15. Decedant'a Education (Specify only highest grada completed) 16a. Decedant's Usuel Occupation (Giva kind of work dona during most of working life. DO NOT use retired) 16b. Kind of Business/Industry Elamantary/Secondary (0-12) Collaga (1-4or 5+) MAINTENANCE LABORER 17. Fathar's Nama (First, Middla, Last) 18. Mothar's Nama (First, Middla, Maidan Sumama) Be SPEED BELL ROOSEVELT VALENTINE IDA 2 19a. Informant's Name/Ralationship (Type, Print) 19b. Mailing Addrass (Street and Number or Rural Routa Number, City or Town, Stata, Zip Code) 3530 RESOURCE DRIVE apt.102, BALTO., MD 20b. Place of Disposition (Name of cematary, crematory or other place) 20a. Method of Disposition A. TATES — Data 20c. Location - City or Town, Stata 7-10-97 ARBUTUS, MARYLAND 4 ☐ Donation 5 ☐ Othar (Specify) ARBUTUS MEMORIAL 21. Signatura of Funaral Sarvice Licenses 22. Nama and Addrass of Facility WM. C. MARCHF H.-4300 WABASH AVE 23a. Part 1. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrast, shock, or heart failure. List only one cause on each line. Approximete Intarval Between Onset and Death Immediate Cause (Final disease or condition rasulting In daath) a Arteriosclerotic Cardiovascular Disease Dua to (or as a consequence of): Examiner Sequantially list conditions, if any, leading to immadiate cause. Entar Undarfying Causa (Disaase or Injury that initiated avants rasulting in daath) Last Dua to (or as a consequence of): Physician/Medical Due to (or es a consequança of): Part II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 23b. Did tobacco use contribute to the cause of death? X Yee 2 No 3 Probably 4 Unknown by 24b. Wara autopsy findings 24a. Was an autopsy Completed aveilabla prior to completion of cause of death? INSPECTION 1 ☐ Yas 2 ☑ No 1 ☐ Yes 2 ☐ No 25. Was casa raferred to medical axaminar? 8 26. Placa of Death (Check only ona) Hospital: Other: 4□ Nursing Homa 5 🕅 Residence 6 □ Other (Specify) 1 Yes 2 No 1 Inpatiant 2 ER/Outpatiant 3 DOA 27. Mannar of Death 28a. Date of Injury (Month, Day Year) Certification: 28b. Time of 28d. Dascribe how Injury occurred 28c. Injury at Work? 5 Panding 1 ☐ Yas 2 ☐ No investigation 2 Accident 6 Could not be datamined 3 Suicida 28e. Placa of Injury - At home, farm, street, factory, office building, etc. (Specify) 28f. Location (Street and Number or Rural Routa Number, City or Town, Stata) 4 Homicide 1 Cartifying Phyaictan: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

2 Medicat Examiner: On the basis of examination and/or invastigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated. 29a, Certifier Medical

29c. License number

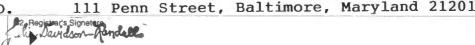
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State Registrar Dennis Chute M.D. Day, Year) 8 1997

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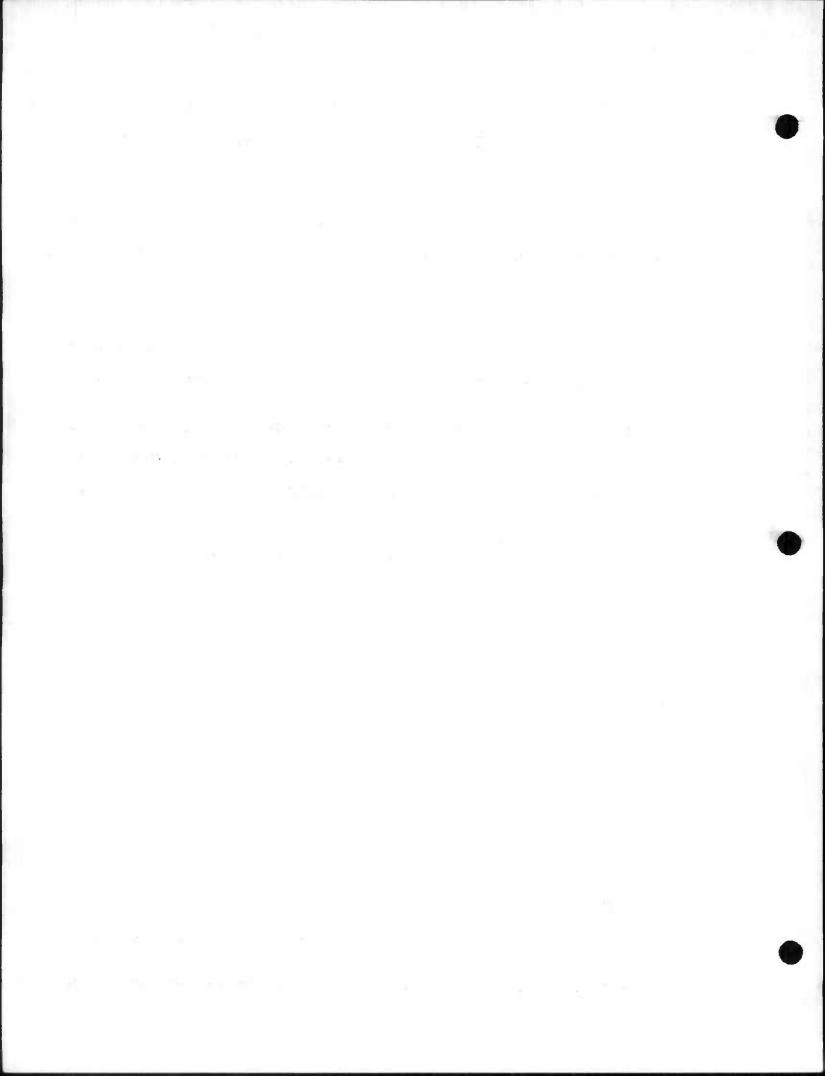
30. Nama and addrass of person who completed causa of death (Itam 23a) (Type, Print)

29b. Signatura and titla of cartifian



**DHMH 16 Rev 6/95** 

2+ VA



#### Please Type or Print in Black Indelible Ink. Assure All Copies Are Legible. State of Maryland / Department of Health and Mental Hygiene 20199 Certificate of Death 1. Decedent's Neme (First, Middle, Last) 2. Dete of Deeth 3. Time of Death Month SR. KOBERT L.Wilkins 45 JUNE 99 GALTO VIIII 4e. Fecility Name (If not institution, give street and number, 4b. City, Town, or Location of Death 4c. County of Deeth FRANKFORD NURSING CENTER OPIEN NA 7. Age (In yrs. lest birthday) 9. Birthpiece (State or Foreign Country) M 2□ F Months Deys 80 Md. 219-07-1789 Usual Residence of Decedent 10a State 10b. County 10c. City, Town or Location 10d. Inside City Limits Md. NA Baltimore 1EYes 2□ No 10e. Street and Number 10f. Zip Code 10g. Citizen of Whet Country? 21206 5009 Frankford Avenue USA 12. Wes Decedent Ever in U,S. Armed Forces? 1 ☐ Yes 2 ☑ No If Yes, Give 11 Meritel Status Was Decedent of Hispenic Origin? (Specify Yes or No-If Yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. Raca - American Indien, Bieck, White, etc. 1 Never Merried 2 Married 1 ☐ Yes 2 No Specify: Specify: Black 3 Widowed 4 □ Divorcad Year or Detes: 15. Decedent's Education (Specify only highest grede completed) 16e. Decedent's Usuei Occupation 16b. Kind of Business/Industry (Give kind of work done during most of working life. DO NOT use retired) Elementery/Secondery (0-12) College (1-4or 5+) NA 12th Grade Laborer various trades 17. Fether's Name (First, Middle, Last) 18. Mother's Neme (First, Middle, Meiden Sumeme) Williams Wilkins Martha Levi 19e. Informant's Neme/Relationship (Type, Print) 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 21213 3245 Shannon Drive Baltimore, Maryland wilkins, Jr. Robert L. 20e. Method of Disposition 20b. Plece of Disposition (Name of cemetery, crematory or other plece) 20c. Location - City or Town, Stete 1 ☑ Buriel 2 ☐ Cremetion 3 ☐ Removel from Stete Arbutus Mem. Pk. Cem. 07-08-97 Arbutus, Md. 4 ☐ Donation 5 ☐ Other (Specify) 21. Signeture of Funeral Service Licensee 22. Name end Address of Fecility Baltimore, Maryland 21202 D moor WM.C. March FH 1101 E. North Avenue 23a. Part1. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiretory errest, shock, or heart feiture. List only of ceuse on each line. ntervel Between Onset end Deeth Immediate Ceuse (Final disease or condition resulting in death) Due to (or es e consequence of) Sequentielly list conditions, if eny, leading to immediate cause. Enter Underlying Ceuse (Disease or injury Due to (or as e consequence of): thet initiated events resulting in deeth) Lest Due to (or es e consequenca of) Pert II. Other significant conditions contributing to death but not resulting in the underlying cause given in Pert i. 23b. Did tobacco use contribute to the cause of death? 1 Yes 2 No 3 Probably 4 Unknown 24b. Were autopsy findings evalleble prior to 24e. Wes an eutopsy completion of cause of deeth? 200 1 Yes 1 ☐ Yes 2 No 25. Wes case referred to medical examiner? 26. Place of Deeth (Check only one) Hospitel Other: 4 Vursing Home 5 Residence 6 Other (Specify) 1 TYes 1 ☐ Inpatient 2 ☐ ER/Outpetient 3 ☐ DOA 27. Manner of Deeth 28e. Dete of Injury (Month, Dey Year) 28c. Injury et Work? 28b. Time of 28d. Describe how injury occurred 5 Pending investigation 1 Naturel

1 ☐ Yes 2 ☐ No

CABIRD AVE.

Tertifying Physician: To the best of my knowledge, deeth occurred et the time, date end pleca, end due to the cause(s) and menner es stated.

2 Medical Examiner: On the basis of examinetion end/or investigation, in my opinion, deeth occurred et the time, dete end pleca, end due to the cause(s)

29c. License number

28f. Location (Street end Number or Rural Route Number, City or Town, Stete)

29d. Dete signed (Month, Dey, Year)

buriel-tren ettending physician for use es the burie Box 68760 The lew requires that the death certificate be the P.O. ed by the e Records, 8 phoods hes page 2 Vital director, Division of

**Physician** 

/Medical

**Examiner** 

**Funeral** 

Director

28a-f show

23a or

natural, or

"nan

permit. Peges 1 and 2 should be filed Department of Health and Mental Hygid Important: If item 27 is marked other I any Injury or other traumatic event.

**Physician** 

/Medical Examiner

Director

Funerai

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Completed

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Physician/Medical Examiner

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Completed

Be

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Certification:

Medicai

2 Accident

4 Homicide

(Check only one)

3 Suicide

29a. Certifier

other traumatic event, the Medical Examiner must be notified at

with the Maryland

death Herns

hours efter

filed within 72

Baltimore, Maryland 21215-0020

i or Attending Physician: after death. Director: After this certifica funerel the yd ni bellif 24 hours a Hospital completely

To the I within 2

State Registrar

(Month, Day, Year) L 08 1997 31. Dete

30. Neme and eddress of person who

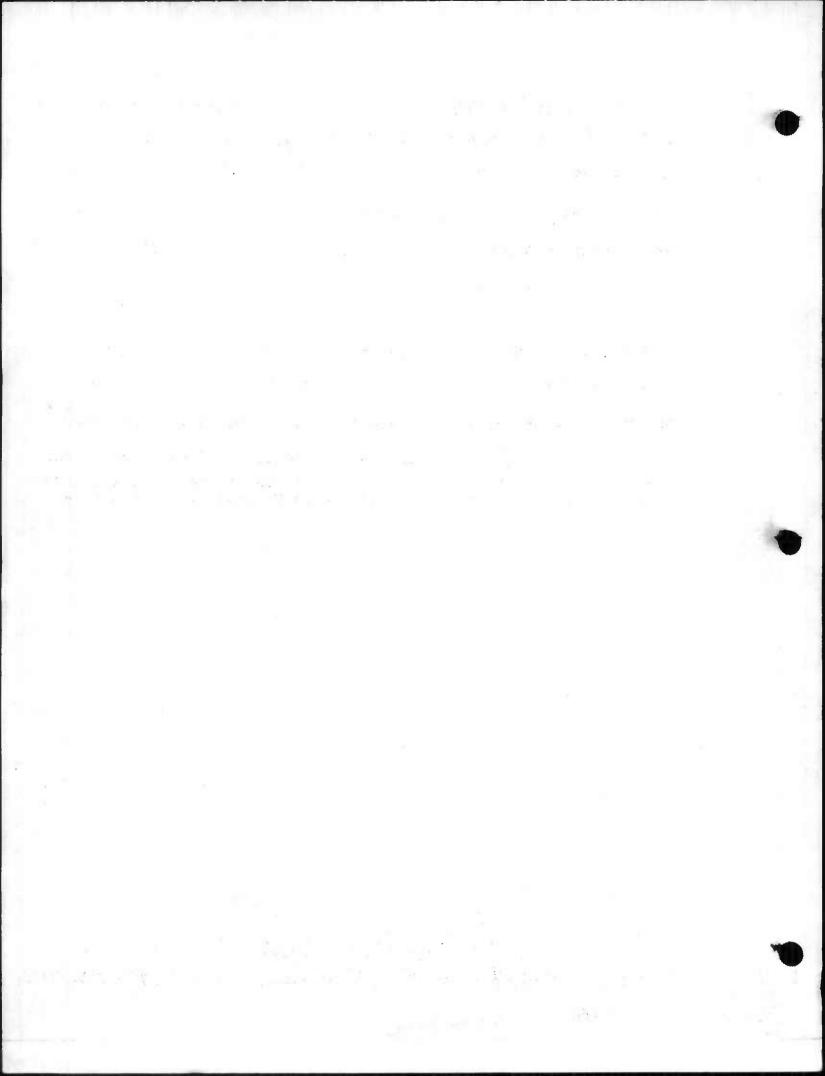
29b. Signeture and title of certific

6 Could not be determined

Registrer's Signature

heht Saidson Randage

28e. Pleca of Injury - At home, ferm, street, fectory, offica building, etc. (Specify)



State of Maryland / Department of Health and Mental Hygiene 97

20500

							Ce	rtificate	of	Death			Reg. No.		1 6	_0000	
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1	Examir		4e Facility Neme (If not ins									ocation of Deel	th 4c. 0	County	of Deeth		
			JINAI .	-	PITA	_						LORE		N/A			
	Funeral Director		5. Sociel Security Number 213–36–2508		Sex 1□ M 2□ F		vrs. lest birthday) Yrs.		Year Deys	If Under: Hours	24 Hrs. Min.	8. Date of Bi (Month, Di AUG. 6	rth ey, Year) ,1911			ece (State or Foreign ry) YORK	
	pur *		Usuel Residence of Deceded  10a. Stete 10b. C	ocation							100	d Inside City Limite					
	with the Merylans a or 28a-f show Les notified at	Director	MD N/A BALT													d. Inside City Limits 1 X Yes 2 □ No	
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21215-0020	or items	by Funeral	11. Maritel Stetus  1 Never Married 2  3 Widowed 4 Div		Armed F 1 ☐ Yes ff Yes, G				of H Cuba	lispanic Origan, Mexican Specify:	gin? (Spi , Puerto	ecity Yes or N Rican, etc.)			k, White, e	- American Indien, K, White, etc. WHITE	
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o .	Hea Hea		GAIL LEFKO 20e. Method of Disposition	(DAU	G.)	20	<ul> <li>b. Plece of Dispo</li> </ul>		of		BALI	IMORE,		212	09 City or Tow	vn. State	
Baltimore,	it. Page rtment or rtant: If		1 Suriel 2 ☐ Creme 4 ☐ Donetion 5 ☐ Ott			Stete	cemetery, cred			,	מים מים						
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5	Physician: this certific ral director,	2	1 □ Yes 2 100				ER/Outpetler		Oth	4 🗆 Nu	rsing Ho	me 5 Res	idence 6	Othe	er (Specify)		
ion	Attending P ir death. ector: After t by the funera	Certification:	2 ☐ Accident	ending vestigation	n	of Injury oth, Dey Year	28b. Time of Injury	f 28c.	Mor 1 🗆	yet k? Yes 2⊡1		28d. Describe	how Injury	occurr	ed		
Division	after de Directo d in by t	ertific		ould not be etermined	28e. Plac	a of Injury - A ling, etc. <i>(Spe</i>	t home, ferm, str acify)	eet, factory, o	ffice				(Street end wn, Stete)	Numbe	er or Rurel	Route Number,	
	To the Hospital or Attending F within 24 hours after death. To the Funeral Director: After completely filled in by the funer	edical	29a. Certifier (Check only 2 Me	rtifying Ph dicai Exan	niner: On the b	e best of my income basis of examination	knowledge, deetl inetion end/or in	n occurred et t vestigation, In	he tin	ne, dete end pinion, deet	d pleca, o	end due to the ed et the time,	ceuse(s) e date end p	end me	nner es sta end due to t	ted. the cause(s)	
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